IMPERIAL MYCOLOGICAL INSTITUTE

AN ANNOTATED BIBLIOGRAPHY

OF

MEDICAL MYCOLOGY

1944

The contracted titles used in this bibliography are based on the *World List of Scientific Periodicals*, with the following exceptions:

B.A. = *Biological Abstracts*
B.H. = *Bulletin of Hygiene*
R.A.M. = *Review of Applied Mycology*
T.D.B. = *Tropical Diseases Bulletin*
V.B. = *Veterinary Bulletin.*

219. Benedek (T.). **Critical survey of the mycological literature of 1938.**—*Mycopathologia*, ii, 4, pp. 267–316, 1940. [Abs. in *Zbl. Bakt.*, Abt. 1 (Ref.), cxlii, 21–22, p. 440, 1943.]
The author gives a critical survey of the literature on medical mycology of 1938 under various headings.

220. Zakon (S. J.) & Benedek (T.). **David Gruby and the centenary of medical mycology, 1841–1941.**—*Bull. Hist. Med.*, xvi, 2, pp. 155–168, 1 pl., 1944.
Following a brief sketch of David Gruby's life (1810–1898) and work as the pioneer of medical mycology, the authors present annotated translations of six of his contributions to the French Academy of Sciences, of which the first was read at the meeting of 12th July, 1841.

221. Weiss (C.). **Laboratory aids in the diagnosis of infections of the eye prevalent in tropical and subtropical countries.**—*Amer. J. clin. Path.*, xiv, 4, pp. 200–214, 7 figs., 1944.
A brief summary is given of mycotic diseases of the eyes in tropical and subtropical countries with references to the relevant literature.

222. Fazakas (A.). **Ueber Pilzerkrankungen der Hornhaut.** [On fungous diseases of the cornea.]—*Klin. Mbl. Augenheilk.*, cvi, pp. 56–63, 1941. [Abs. in *Zbl. Bakt.*, Abt. 1 (Ref.), cxlii, 21–22, p. 440, 1943.]
A discussion of the fungi affecting the cornea, amplified by personal observations [? in Hungary].

223. Piorkowski (F. O.). **Some aspects of fungous disease of the skin.**—*E. Afr. med. J.*, xx, 10, pp. 333–346, 1943.
In this paper, presented to the Kenya Branch of the British Medical Association at Nairobi on 13th July, 1943, the author describes the symptoms and discusses the modes of infection and etiology of some well-known dermatomycoses, with special reference to those occurring in the tropics. Some general suggestions for treatment are made and an appendix contains the formulae of nine prescriptions.

224. Downing (J. G.). **Dermatophytosis and occupational dermatitis.**—*J. Amer. med. Ass.*, cxxv, 3, pp. 196–200, 1944. [*B.H.*, xix, p. 779.]
The etiology, legal aspects, differential diagnosis, and therapy of industrial

dermatophytoses are discussed in the light of modern research on these problems.

225. Mumford (E. J.) & Mohr (J. L.). **Manual on the distribution of communicable diseases and their vectors in the tropics: Pacific Islands section—Part I.**—*Amer. J. trop. Med.*, xxiv, 3 (*Suppl.*), 26 pp., 1944.

The following mycoses have been reported from the Pacific Islands, where knowledge regarding this group, however, is fragmentary and indefinite: (*a*) superficial, comprising various clinical types of ringworm, erythrasma [*Actinomyces minutissimus*], and moniliasis; (*b*) deep, including actinomycosis, blastomycosis, mycetoma (Madura foot), and sporotrichosis.

226. De Almeida (F.) & Lacaz (C. Da S.). **Levaduroses humanas.** [Yeast infections of Man.]—*An. paul. Med. Cirurg.*, xlv, 5, pp. 348–349, 1943.

'A classification of the principal types of yeasts attacking man.' [*B.A.*, xviii, No. 6919.]

227. Callaway (J. L.). **Dermatophytid.**—*Sth. Med. Surg.*, cvi, 1, p. 21, 1944.

Six criteria are laid down for the establishment of a diagnosis of a 'dermatophytid', defined as a secondary allergic fungous eruption occurring in specifically sensitized individuals as a result of the haematogenous spread of the fungi or their allergenic toxic products by the blood stream from the primary focus of infection to a distant site. Brief notes are given on the symptoms and treatment of the disturbance.

228. Yates (A. L.). **Fungus infection of the mouth and throat and nose and ear.**—*Canad. med. Ass. J.*, l, 6, pp. 541–543, 1944.

This is a general survey of the role of fungi in the etiology of mouth, throat, nose, and ear disorders, the organisms discussed being *Monilia* [*Candida*] *albicans*, *Torula*, *Aspergillus*, and *Microsporon* [*Malassezia*] *furfur*.

229. Ottolenghi (R.). **The mycotic flora of the oral cavity in normal and pathological conditions.**—*Dent. Items*, lxvi, 2, pp. 134–138, 1944.

The following organisms were obtained in pure culture from the oral cavity of 10 out of 100 persons suffering from various pathological conditions: *Saccharomyces hominis*, *S. glomerulatus*, *Monilia* [*Candida*] *zeylanica* (two), *C.* spp. (three), *Aspergillus herbariorum*, *Sporotrichum* sp., and *Penicillium glaucum*.

230. Cassels (D.) & Steiner (P.). **Mycotic endocarditis: report of a case with necropsy; review of the literature.**—*Amer. J. Dis. Child.*, lxvii, 2, pp. 128–138, 3 figs., 1944. [*B.H.*, xix, p. 658; *B.A.*, xviii, No. 16817.]

Blood cultures in this case of presumed mycotic endocarditis in a 14-year-old boy, whose death occurred two years later, yielded a Gram-negative, non-acid-fast organism, developing in two forms, viz., long, slender, filamentous, branching rods and small, round or oval bodies. Specific identification proved impracticable.

231. **Discussion on radiotherapy in chronic inflammatory conditions with special reference to mycotic infections.**—*Proc. roy. Soc. Med.*, xxxvii, 12, pp. 717–719, 1944.

The application of radiotherapy to mycotic infections (mostly actinomycosis) was discussed at a meeting of the Royal Society of Medicine, Section of Radiology, on 21st January, 1944, by Squadron Leader A. B. MacGregor, Dr. J. Blewett, Mr. I. G. Williams, and Dr. N. S. Finzi.

232. Rosebury (T.). **The parasitic Actinomycetes and other filamentous micro-organisms of the mouth. A review of their characteristics and relationships, of the bacteriology of actinomycosis, and of salivary calculus in Man.**—*Bact. Rev.*, viii, 3, pp. 189–233, 1944.

This critical exposition of the literature on the pathogenic Actinomycetes and other filamentous flora of the mouth is supplemented by a bibliography of 155 titles.

233. Rosebury (T.), Epps (Lillian J.), & Clark (Ada R.). **A study of the isolation, cultivation, and pathogenicity of Actinomyces israeli recovered from the human mouth and from actinomycosis in man.**—*J. infect. Dis.*, lxxiv, 2, pp. 131–149, 27 figs., 1944.

Fifteen strains of *Actinomyces israeli* (the name for the principal agent of actinomycosis preferred to *A. bovis* or *A. hominis*) were isolated and studied at the School of Dental and Oral Surgery, Columbia University, New York. Four originated in cases of cervico-facial actinomycosis and 11 in gingival scrapings taken under pathological oral conditions in the absence of actinomycosis. Four further strains were isolated but not maintained, three from salivary calculus and one from gingival scrapings, while one other strain, not isolated by the authors, was included in some of the tests. A method is described facilitating the isolation of the organism, especially from contaminated sources, based on its growth and distinctive appearance on streaked plates of bacto brain-infusion agar. The most nearly optimal conditions for continued growth among those tested were provided by anaerobiosis in the presence of 5 per cent. carbon dioxide. Clear evidence of experimental actinomycosis was obtained in five out of 40 animals (two guinea-pigs and three rabbits), three cases assuming a progressive form and terminating in death.

234. Landívar (A. F.), Leoni Iparraguirre (C. A.), Canessa (L.), & Picoduni (R.). **Actinomicosis generalizada sin lesiones viscerales.** [Generalized actinomycosis without visceral lesions.]—*Rev. Med., B. Aires*, v, 8, pp. 567–571, 6 figs., 1943. [French, German, and English summaries.]

A fatal case of generalized actinomycosis is reported in a 39-year-old male patient at the Argerich Hospital, Buenos Aires, involving the muscular and osseous systems and the skin without inducing visceral lesions. The causal organism is presumed to have entered the body through the intestinal tract and thence been diffused through the blood stream.

235. Harris (A. M.) & Priestley (J. B.). **Actinomycosis. Report of a case with miliary chest lesions.**—*J. Lab. clin. Med.*, xxix, 8, pp. 815–819, 1 fig., 1944.

The acid-fast organism associated with the authors' case of generalized actinomycosis in a 23-year-old negro soldier of the United States Army was a long, slender rod with a somewhat marked tendency to produce ill-developed buds. Miliary lesions in the lungs and other organs were an interesting feature of the disease, which in its final phases was reminiscent in many respects of miliary tuberculosis. The first clinical symptoms appeared in the axillary glands, suggesting an abrasion of the hand or arm as the channel of entry.

236. Brea (M. M.), Santas (A. A.), & Fustinoni (O.). **Actinomicosis mediastinica.** [Mediastinal actinomycosis.]—*Bol. Inst. Clin. quirúrg., B. Aires*, xix, 162, pp. 682–689, 9 figs., 1943. [English summary.]

'A mediastinal actinomycosis is described in this paper. The symptoms, at first, were typical, but accidental circumstances made the clinical diagnosis rather obscure. Two symptoms are drawn which feature specially in actinomycosis: the pain, and the involvement of general condition.'

237. Cornell (A.) & Shookhoff (H. B.). **Actinomycosis of the heart simulating rheumatic fever: report of three cases of cardiac actinomycosis, with a review of the literature.**—*Arch. intern. Med.*, lxxiv, 1, pp. 11–27, 5 figs., 1944.

Full clinical details are given of three cases of actinomycosis of the heart in patients at the Montefiore Hospital for Chronic Diseases, New York, one in a 30-year-old man and the other two in boys of 11 and 7, respectively. In addition, a tabulated survey is given of 65 further cases collected from the literature.

238. Hatch (W. E.) & Wells (A. H.). **Actinomycosis of the urinary bladder complicating a case of Madura foot.**—*J. Urol.*, lii, 2, pp. 149–152, 1 fig., 1944.

This is a report of a fatal case of actinomycosis of the urinary bladder, apparently secondary to long-standing Madura foot (32nd record for the United States) in a 54-year-old Finnish-American male at St. Luke's Hospital, Duluth, Minnesota.

239. Gardiner (S. S.). **Actinomycosis of the urinary system.**—*Aust. N.Z. J. Surg.*, xii, 3, pp. 207–226; 4, pp. 261–284, 5 figs., 1943. [*B.H.*, xix, p. 107.]

Three cases, all in women, of actinomycosis of the urinary system are reported in detail from New South Wales. The available literature (136 titles) up to the end of 1936 is reviewed. D. A. Welsh contributes a supplementary article on an associated infection of the liver.

240. Chitty (H.). **Recovery from actinomycosis of the liver.**—*Brit. med. J.*, *1944*, 4333, p. 115, 1944.

A brief note records the complete recovery from actinomycosis of the liver of a young man at Swansea, following the removal of the tumour by operation and iodine medication, this being apparently the first report of a cure of the disease in question.

241. Bennett (J. G.). **Actinomycosis with lung and liver involvement.**—*Brit. med. J.*, *1944*, 4335, p. 197, 1944.

Referring to Dr. H. Chitty's case of recovery from actinomycosis of the liver [see preceding entry], of which no previous record could be found in the relevant literature, the writer reports a cure of the same disease, with involvement of the right lung, in a male patient at the Manchester Royal Infirmary.

242. Ladd (W. E.) & Bill (A. H.). **Actinomycosis of the chest with spread to the abdomen. Report of a case cured with sulfadiazine.**—*New Engl. J. Med.*, cxxix, 20, pp. 748–750, 2 figs., 1943. [*B.H.*, xix, p. 273.]

Clinical details are given of a case of actinomycosis of 16 months' duration in a nine-year-old boy, originating in the chest and extending through the diaphragm into the retroperitoneal space. A rapid cure was effected by the administration of sulphadiazine, and in this connexion a brief review is given of other cases successfully treated in the United States and England with suphanilamide and sulphapyridin.

243. Merkle (C.). **Ueber einen mit Irgamid (N_1-Dimethylacroyl-sulfanilamid) geheilten Fall von Aktinomykose der Lunge.** [On a case of actinomycosis of the lung cured by Irgamid (N_1-dimethylacroyl-sulphanilamide).]—*Schweiz. med. Wschr.*, lxxiii, 40, pp. 1230–1232, 5 figs., 1943.

The writer describes the clinical features of a case of actinomycosis of the lung in a 45-year-old farmer at the Neumünster-Zollikerberg Hospital (Zürich), and records its successful cure by massive doses (6 gm. per diem over a period of 17 weeks) of irgamid (N_1-dimethylacroyl-sulphanilamide).

244. Lubert (M.). **Actinomycosis of the vertebrae.**—*Amer. J. Roentgenol.*, li, 6, pp. 669–676, 6 figs., 1944.

The roentgenographic and post-mortem findings in three cases of vertebral actinomycosis in male patients at Cleveland (Ohio) hospitals are fully reported and discussed in relation to the etiology and diagnosis of the disease.

245. Bartels (H. A.). **A filamentous microorganism isolated from stained teeth.**—*J. dent. Res.*, xxii, 2, pp. 97–102, 7 figs., 1943.

A filamentous micro-organism possessing characters peculiar to both *Leptotrichia* and *Actinomyces*, but tentatively referred to the latter, was isolated at the School of Dental and Oral Surgery, Columbia University, New York, from dental stain on the labial surfaces of a man's anterior teeth.

246. González Ochoa (A.) & Sandoval (M. de Los A.). **Aislamento de Actinomyces microaerofílicos en amigdalas humanos.** [Isolation of micro-aerophilic *Actinomyces* in human tonsils.]—*Rev. Inst. Salubr. Enferm. trop.*, iv, 4, pp. 319–322, 1943. [English summary.]

Of 200 pairs of tonsils removed at the General Hospital, Mexico City, 115 (57 per cent.) contained grains, of which 49·5 per cent. presented the characters of *Actinomyces*, 19 (9·5 per cent.) being isolated in pure culture.

247. Hall (W. E. B.). **Actinomyces in the tonsils.**—*Amer. J. clin. Path.*, xiv, 4, pp. 215–228, 6 figs., 1944.

At the Port Huron (Michigan) Hospital, clumps formed by *Actinomyces bovis* were detected in 94 histological sections originating in 438 consecutive pairs of tonsils (21·46 per cent.) over a period of 15 months.

248. Watkins (A. G.). **Two cases of pulmonary actinomycosis.**—*Arch. Dis. Childh.*, xix, 99, pp. 143–144, 1944. [*B.H.*, xx, p. 18.]

Two cases of pulmonary actinomycosis (a very rare disease in children) are described from Wales, both in boys, one of $2\frac{3}{4}$ years at Llandough Hospital and the other aged $1\frac{1}{2}$ at Cardiff Royal Infirmary. In the former case *Actinomyces bovis* was obtained in pure culture. Both children recovered following sulphonamide therapy.

249. Robinson (R. A.). **Actinomycosis of the subcutaneous tissue of the forearm secondary to a human bite.**—*J. Amer. med. Ass.*, cxxiv, 15, pp. 1049–1051, 2 figs., 1944.

A case of actinomycosis in a 21-year-old man, following on a human bite $2\frac{1}{2}$ years previously, is reported from the Medical Corps, Army of the United States, the causal organism being identified by the late A. T. Henrici as *Actinomyces bovis*. Two similar cases have been described in the literature. A complete cure was effected by operation and the subsequent application to the wound, almost daily for three weeks, of a dressing of sulphanilamide crystals and zinc peroxide paste.

250. Ziskin (D. E.), Shoham (J.), & Hanford (J. M.). **Actinomycosis. A report of 26 cases.**—*Amer. J. Orthodont. oral Surg.*, xxix, 4, pp. 193–201, 6 figs., 1943.

During the past 18 years the authors treated at the Presbyterian Hospital, New York, 26 cases of actinomycosis (*Actinomyces bovis*), of which 57 per cent. were of the cervico-facial type, two of these being described in some detail.

251. Bosch (R. G.). **Actinomicosis toracica. Actinomicosis pulmonar primitiva.** [Thoracic actinomycosis. Primary pulmonary actinomycosis.]—*Día méd., B. Aires*, xv, 18, pp. 406–410, 10 figs., 1943.

A fatal case of pulmonary actinomycosis in a 39-year-old male patient at

the Hospital Pedro Fiorito, Buenos Aires, was associated with the presence in the sputum of *Proactinomyces israeli* [*Actinomyces bovis*] (isolated in pure culture).

252. Bosch (R. G.). **Actinomicosis cérvico-facial. Empiema actinomicótico. Tabes artropática.** [Cervico-facial actinomycosis. Actinomycotic empyema. Arthropathic tabes.]—*Día méd., B. Aires*, xv, 20, pp. 478–483, 6 figs., 1943.

The author presents and discusses a case of cervico-facial actinomycosis and actinomycotic empyema in a 49-year-old male patient at the Hospital Pedro Fiorito, Buenos Aires.

253. Baila (A. E.). **Actinomicosis cérvico-facial. Nuevos observaciones de timolterapía.** [Cervico-facial actinomycosis. New observation on thymol therapy.] —*Día méd., B. Aires*, xvi, 27, pp. 706–707, 1944.

Details are given of the excellent results obtained by the author in the treatment of cervico-facial actinomycosis in Buenos Aires by means of injections of colloidal thymol.

254. Odom (S. P.), Rodenberg (E. J.), & Schain (P.). **Streptomyces (Actinomyces) albus in the ear.**—*Arch. Otolaryng.*, xxxix, 2, pp. 137–143, 4 figs., 1944.

Streptomyces (*Actinomyces*) *albus* was isolated from a growth in the external canal of the right ear of a 38-year-old soldier in the United States Army at the Station Hospital, Fort Hayes. This is believed to be the first case on record in which the ear was the primary focus of actinomycotic infection, dating in the authors' patient from ten years earlier.

255. González Ochoa (A.). **Actinomicosis de Mexico.** [Actinomycosis in Mexico.] —*Rev. Inst. Salubr. Enferm. trop.*, iii, p. 303, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 827, 1943.]

A critical mycological study was made of the strains of *Actinomyces mexicanus* isolated from seven cases of mycetoma of various types.

256. González Ochoa (A.) & Ruiloba (J.). **Acción del propionato de sodio 'in vitro' sobre Actinomyces mexicanus y Cephalosporium sp. Ensayo terapéutico en micetomas producidos por estos hongos.** [Action of sodium propionate *in vitro* on *Actinomyces mexicanus* and *Cephalosporium* sp. An experiment in the therapy of the mycetomata induced by these fungi.]—*Rev. Inst. Salubr. Enferm. trop.*, v, 2, pp. 83–86, 1 graph, 1944. [English summary.]

Sodium propionate at concentrations of 1·25 and 2 per cent. completely inhibited the growth of *Actinomyces mexicanus* and *Cephalosporium* sp. in pure culture and partially arrested their development at 0·125 per cent. The same compound, however, proved ineffectual when administered orally to three patients suffering from mycetomata in Mexico City.

257. Benbow (E. P.), Smith (D. T.), & Grimson (K. S.). **Sulfonamide therapy in actinomycosis. Two cases caused by aerobic partially acid-fast Actinomyces.**—*Amer. Rev. Tuberc.*, xlix, 5, pp. 395–407, 5 figs. (1 col.), 1944. [Spanish summary.] [*B.H.*, xix, p. 769.]

Some 90 per cent. of the clinical cases of actinomycosis are attributable to *Actinomyces bovis*. Beginning in 1938, 13 reports of effective therapy of this disease by means of sulphonamides, mostly in conjunction with potassium iodide, have been published. The remaining 10 per cent. are caused by aerobic Actinomycetes or *Nocardia*, some of which are partially or wholly acid-fast. Mortality is high in this form of actinomycosis, 25 out of 26 cases collected from the literature on the subject being dead at the time of appearance of the records. In two new cases, a 36-year-old woman and a 52-year-old man,

treated at the Duke Hospital, Durham, North Carolina, for the latter condition, excellent results were obtained by the administration of sulphanilamide or sulphadiazine and potassium iodide in addition to the conventional therapeutic measures.

258. Hollenbeck (W. F.) & Turnoff (D.). **Actinomycosis treated with sulfadiazine.**—*J. Amer. med. Ass.*, cxxiii, 17, pp. 1115–1117, 2 figs., 1943.

Details are given of a case of actinomycosis (*Actinomyces hominis*) in a 38-year-old negro soldier in the Army of the United States, and its successful therapy by the oral administration of sulphadiazine, a total of 500 gm. of which was given over 120 consecutive days.

259. Basu (C. C.). **A note on a new strain of Actinomyces (Actinomyces mucosus n.sp. Basu) obtained by blood culture from a case of bronchial (?) actinomycosis with metastases.**—*Indian med. Gaz.*, lxxviii, 12, pp. 577–578, 1 pl., 1943. [*B.H.*, xix, p. 397.]

Actinomyces mucosus n. sp. ad int. was isolated on standard media from the blood of a 45-year-old male Bengali suffering from bronchial trouble with septicaemia and metastatic involvement of the internal organs, the illness ending fatally. It was characterized by Gram-negative bacilli (1·5 to 2·5 by 0·5 μ) and filamentous elements, 4 to 5 by 0·5 μ (some up to 20 μ in length).

260. Billington (R. W.). **Actinomycosis treated with sulphapyridine.**—*Brit. med. J.*, *1944*, 4339, p. 326, 1944.

An apparently complete cure of actinomycosis of the cheek and jaw, involving the mandible, in a 20-year-old Staffordshire farm labourer was obtained by the administration of sulphapyridin on the lines recommended by Dr. A. McCloy in *Brit. med. J.*, *1943*, p. 106, 1943.

261. Pillsbury (N. R.) & Wassersug (J. D.). **Pulmonary actinomycosis: treatment with sulfonamides.**—*New Engl. J. Med.*, ccxxx, 3, pp. 72–74, 1 graph, 1944.

Particulars are given of a case of pulmonary actinomycosis (*Actinomyces hominis*) in a 29-year-old woman in Massachusetts, and of its successful treatment with sulphanilamide and sulphadiazine.

262. Drake (C. H.) & Henrici (A. T.). **Nocardia asteroides. Its pathogenicity and allergic properties.**—*Amer. Rev. Tuberc.*, xlviii, 3, pp. 184–198, 1943. [Spanish summary.]

An account is given of inoculation experiments on rabbits and guinea-pigs undertaken in connexion with a study of the antigenic relationship between *Nocardia* [*Actinomyces*] *asteroides* and the tubercle bacillus (*Mycobacterium tuberculosis*).

263. Toop (C. R.). **Mycotic dermatitis ('lumpy wool') and fleece rot of Sheep.**—*J. Dep. Agric. W. Aust.*, Ser. 2, xx, 4, pp. 319–322, 2 figs., 1943.

A brief account is given in semi-popular terms of two diseases affecting the fleece of sheep in Western Australia, viz., mycotic dermatitis or 'lumpy wool', due to *Actinomyces dermatonomus*, and fleece rot, caused by *Pseudomonas aeruginosa*.

264. Sartory (A.) & Sartory (R.). **Étude d'un Acremonium nouveau, agent d'une affection gommeuse, Acremonium cinnabarinum n. sp.** [Study of a new *Acremonium*, the agent of a gummatous affection, *Acremonium cinnabarinum* n. sp.] —*C. R. Acad. Sci., Paris*, ccxvi, 11, pp. 389–391, 1943. [*B.H.*, xix, p. 973.]

Acremonium cinnabarinum n. sp. was isolated from pus obtained from a 47-year-old male, who had resided for five years in Senegal and eleven in the

Ivory Coast and was suffering from a disorder suspected to be sporotrichosis. The fungus was pathogenic to guinea-pigs and rabbits, inducing generalized mycosis.

265. Negroni (P.). **Acción del 'factor R' y del acido ascórbico oxidado sobre la reactividad cutánea en la alergía microbiana.** [Action of the 'factor r' and of oxidized ascorbic acid on cutaneous reactivity in microbial allergy.]—*Rev. argent. Dermatosif.*, xxvii, 3, pp. 375–382, 1943. [French and English summaries.]

Seven patients, four of whom reacted positively to oidiomycin, including one suffering from cutaneous trichophytosis, were tested at the Dermatological Clinic, Buenos Aires, for their response to the diffusing 'factor r' and oxidized ascorbic acid. 'Factor r', mixed with the antigen, reduces or inhibits the cutaneous allergic reaction, but if inoculated three hours later into the same site as the antigen, it enhances the intensity and extent of the reactions (from 37 to 352 per cent. enlargement of the sensitive area at the end of 24 hours). The corresponding expansion of the region of sensitization by ascorbic acid was from 36 to 98 per cent.

266. Sartory (A.) & Sartory (R.). **Un Aspergillus pathogène nouveau, Aspergillus septatus n. sp.** [A new pathogenic *Aspergillus, Aspergillus septatus* n. sp.] —*C. R. Acad. Sci., Paris*, ccxvi, 12, pp. 426–428, 1943. [*B.H.*, xix, p. 973.]

Aspergillus septatus n. sp. was isolated from the sputum of a cabinet-maker suffering from respiratory troubles suggestive of tuberculosis, but which yielded to the daily oral administration of 4 gm. iodine over a period of 3½ months. The fungus was highly pathogenic to guinea-pigs, rabbits, and birds, notably pigeons.

267. Asthana (R. P.). **Aspergillosis in fowls.**—*Proc. Indian Acad. Sci.*, Sect. B, xx, 2, pp. 43–47, 1 fig., 1944.

Aspergillus fumigatus was responsible for a virulent epidemic of aspergillosis among poultry in the Central Provinces, India, in May, 1943, having been isolated from the lungs and other internal organs, blood, eggs, and grain and mash feeds. The fungus was also observed to be pathogenic, in a milder form, to man, goats, and rats.

268. González Ochoa (A.) & Orozco (Catalina). **Los hongos del aire en la ciudad de Mexico. Sus relaciones con los factores atmosféricos.** [The aerial fungi in Mexico City. Their relations with atmospheric factors.]—*Rev. Inst. Salubr. Enferm. trop.*, iv, 3, pp. 259–264, 1 graph, 1943. [English summary.] [*B.A.*, xviii, No. 6923.]

Hormodendrum (17·7 per cent.), *Penicillium* (16·6), mycelia sterilia (12·5), and *Alternaria* (9·3) were the most frequent fungal occupants of the air in Mexico City between 20th March, 1942, and 19th March, 1943, during which period hourly surveys were practised by the agar-plate method. A positive correlation was established between the total number of colonies and wind velocity and a negative one with tension and relative humidity.

269. Morrow (Marie B.) & Lowe (E. P.). **Moulds in relation to asthma and vasomotor rhinitis.**—*Mycologia*, xxv, 6, pp. 638–653, 1943.

In this paper the authors review and discuss the present state of knowledge concerning those moulds which are associated with inhalant respiratory allergy. The points dealt with comprise the beginnings of mould allergy, surveys of air-borne moulds, the evidence for mould allergy and the significance of this evidence, the postulates of Cooke and of Thomen, moulds as allergenic ex-

citants, and the sources of the allergenic moulds. A bibliography of 80 titles is appended.

270. Bernath (Z. v.) & Martini (P.). **Estudio sobre la patogenía de la enfermedad del cañamo.** [Study on the pathology of hemp disease.]—*Rev. chil. Hig. Med. prev.*, vi, 1, pp. 11–20, 7 pl., 1943. [English summary.] [*B.H.*, xix, p. 534.]

It is concluded, on the basis of tests on 95 persons engaged in the hemp industry in Chile, that the respiratory symptoms commonly affecting workers on the fibre or its finished products, e.g., bags and ropes, are due to allergy to certain moulds, viz., *Aspergillus flavus*, *Penicillium sanguineum*, and *Rhizopus* sp.

271. Catanei (A.). **Étude de l'allergie (par l'intradermo-réaction) et de la résistance acquises dans les mycoses expérimentales du Cobaye.** [A study of acquired allergy (by the intradermal test) and resistance in experimental mycoses of the Guinea-pig.]—*Arch. Inst. Pasteur Algér.*, xxi, 4, pp. 255–262, 1943.

Inoculation with *Nocardia* [*Actinomyces*] *madurae* induced in 14 out of 17 guinea-pigs an allergic condition detectable by the intradermal injection of a culture filtrate of the fungus. Of four guinea-pigs inoculated with *Sporotrichum biparasiticum*, two gave a weak allergic reaction to a culture filtrate of the pathogen. Recent infection by *Ct*[*enomyces*: *Trichophyton*] *mentagrophytes* failed to protect the experimental animals against the effects of subcutaneous inoculation with *A. madurae*.

272. Rosenbaum (Elizabeth H.). **The development and systematic position of Arachniotus trisporus.**—*Ann. Mo. bot. Gdn*, xxxi, 2, pp. 173–200, 6 pl., 1944.

Arachniotus trisporus Hotson is considered to occupy an intermediate position between the Gymnoascaceae and the Aspergillaceae, its loose, undifferentiated peridium relating it to the former and its conidial characters to the latter family. The presence of a racquet mycelium in *A. trisporus* further suggests a genetic connexion between the Trichophytoneae and the Gymnoascaceae, a supposition strengthened by the temperature relations of *A. trisporus* (optimum 30° to 35° C.) and its ability to behave as a parasite of man, inducing a vesicle on the arm in experimental inoculations which healed spontaneously. *Gymnoascus sudans* Vailionis is regarded as identical with *A. trisporus*.

273. Jacobson (C. E.) & Dockerty (M. B.). **Blastomycosis of the epididymis: report of four cases.**—*J. Urol.*, l, 2, pp. 237–248, 5 figs., 1943. [*T.D.B.*, xli, p. 231.]

The clinical and pathological data of four cases of systemic blastomycosis (*Blastomyces dermatitidis*), simulating tuberculosis and involving the epididymis, are described from the Mayo Clinic, Rochester, Minnesota. A primary pulmonary focus was conclusively demonstrated in one case and was believed to exist in two of the others. Treatment with iodides and irradiation gave promising results in two cases, one patient surving for two years and the other for ten.

274. Colonna (P. C.) & Gucker (T.). **Blastomycosis of the skeletal system. A summary of 67 recorded cases and a case report.**—*J. Bone Jt Surg.*, xxvi, 2, pp. 322–328, 6 figs., 1944. [*B.H.*, xix, p. 691.]

Following a summary of the 67 previously recorded cases of blastomycosis of the skeletal system, of which only seven recovered, giving a mortality of 89 per cent., the author fully describes a further fatal case, in a 36-year-old negro labourer, a patient at the Pennsylvania University Hospital, involving the knees, elbow, humerus, and carpal bones.

275. Baliña (P. L.), Bosq (P.), Barnatán (M.), & Herrera (J.). **Un caso de blastomicosis ulcerosa. Beneficio de la sulfamidoterapia.** [A case of ulcerous blastomycosis. Benefit of sulphonamide therapy.]—*Rev. argent. Dermatosif.*, xxvii, 3, pp. 451–453, 2 figs., 1943. [*T.D.B.*, xli, p. 421.]

Highly encouraging results in the treatment of blastomycotic nasal ulcers in a 48-year-old male patient at the Dermatological Clinic, Buenos Aires, were obtained by the oral administration of sulphathiazole to a total mount of 165 gm. and local applications of the same product.

276. Ascher (L.). **Two cases of pulmonary blastomycosis in brothers.**—*Harefuah*, xxvii, 7, pp. 124–125, 1944. [Hebrew, with English summary.]

One of two brothers suffering from pulmonary blastomycosis subsequently died of tuberculosis, and in this connexion it is suggested that the sputum be examined in each case for Koch's bacillus and Blastomycetes.

277. De Almeida Prado (A.). **Blastomicose do pulmão e das capsulas suprarrenais. Sindromo de cardiaco negro.** [Blastomycosis of the lungs and suprarenal capsules. Syndrome of 'cardiaco negro'.]—*Rev. Asoc. med. argent.*, lviii, 542, pp. 789–793, 6 figs., 1944. [*T.D.B.*, xlii, p. 143.]

A detailed account is given of a case of pulmonary blastomycosis with intense cyanosis (cardiaco negro) in a 50-year-old male patient at the Medical Clinic, University of São Paulo, Brazil, followed by a brief discussion of some important contributions to the literature on the disease.

278. Sayer (A.). **Blastomycosis of the skin (Gilchrist type) with associated blastomycetic pulmonary disease; report of a case.**—*Nav. med. Bull., Wash.*, xliii, 2, pp. 333–342, 5 figs., 1944.

The writer describes clinical aspects of a case of blastomycosis [*Blastomyces dermatitidis*] in a 48-year-old patient in a Naval hospital, in whom the eruptions on the right side of the face and neck and on the left elbow were accompanied by pulmonary symptoms. At the time of writing the subject was deriving marked benefit from the oral administration of potassium iodide, sulphadiazine and penicillin having been without effect.

279. Albert (M.). **A note on a case of blastomycosis cured by sulphapyridine and sulphathiazole.**—*Brit. J. Derm. Syph.*, lv, 12, pp. 294–296, 1 fig., 1943.

A 50-year-old patient at a Ministry of Pensions Hospital was successfully treated for blastomycoses (*Blastomyces hominis*) [*Debaryomyces neoformans*] of the left leg by the administration of 80 gm. sulphapyridin in 16 days, followed by a fortnight's rest, 70 gm. sulphathiazole in the same period, and after another fortnight's interval, 36 gm. sulphathiazole in eight days.

280. Burger (E.) & Morton (C. B.). **Torula infection. A review and report of four cases.**—*Surgery, St. Louis*, xv, 2, pp. 312–325, 1944. [*B.H.*, xix, p. 691.]

Following a review of the literature on infection by *Torula histolytica* [*Debaryomyces neoformans*] in man and animals, the authors describe four cases in patients at the University of Virginia Hospital (three females and one male), and a follow-up of a case (3) reported by R. G. Magruder in *J. Lab. clin. Med.*, xxiv, p. 495, 1939. In two of the authors' cases and Magruder's, the central nervous system was involved, one was generalized, and another localized to the thigh.

281. Piper (J. E.). **A case of torulosis.**—*Med. J. Aust.*, xxxi (i), 20, p. 141, 1944.

Torula histolytica [*Debaryomyces neoformans*] was isolated, jointly with a haemolytic *Streptococcus*, from the cerebrospinal fluid of a 58-year-old male patient at the Geelong Hospital.

282. Swanson (H. S.) & Smith (W. A.). **Torular granuloma simulating cerebral tumor: report of two cases.**—*Arch. Neurol. Psychiat., Chicago*, li, 5, pp. 426–431, 7 figs., 1944.

Full clinical details, supplemented by a brief review of the relevant literature, are given of two cases at Atlanta, Georgia, in a 49-year-old woman and a 36-year-old man, of torulosis of the brain (*Torula*) [? *histolytica* = ? *Debaryomyces neoformans*] simulating an intracranial tumour.

283. Binford (C. H.), Hess (G.), & Emmons (C. W.). **Chromoblastomycosis: report of a case from continental United States and discussion of the classification of the causative fungus.**—*Arch. Derm. Syph., Chicago*, xlix, 6, pp. 398–402, 5 figs., 1944.

Clinical details are given of a case (the tenth in the continental United States) of chromoblastomycosis in a 53-year-old man, the illness having apparently been contracted in Florida, though actually diagnosed at Atlanta, Georgia. Recent mycological studies have emphasized the necessity for a change in the name, *Hormodendrum pedrosoi*, originally bestowed on one of the two fungi predominating in the causation of the disease, and the genus *Phialophora* Medlar 1915 is therefore emended to include this species as *P. pedrosoi* (Brumpt) n. comb. (syn. *Fonsecaea pedrosoi* Carrión). In the case under discussion *P. pedrosoi* was the principal agent, but a few conidiophores of the *P. verrucosa* (syn. *Cadophora americana* Melin & Nannf., *P. macrospora* Moore & Almeida, and *F. pedrosoi* var. *phialophorica* Carrión) type were also observed.

284. Montpellier (J.) & Catanei (A.). **Nouveau cas de dermatite verruqueuse mycosique observé en Algérie.** [A new case of verrucose mycotic dermatitis observed in Algeria.]—*Arch. Inst. Pasteur Algér.*, xxii, 1, pp. 13–15, 1944. [*T.D.B.*, xlii, p. 67.]

Phialophora verrucosa was shown to be the causal organism of the second case of chromoblastomycosis observed in Algeria, the first, discovered in 1926, having been attributed to *Hormodendrum algeriensis*.

285. Catanei (A.). **Les champignons-parasites de la dermatite verruqueuse mycosique en Algérie.** [The parasitic fungi of mycotic verrucose dermatitis in Algeria.]—*Arch. Inst. Pasteur Algér.*, xxii, 2, pp. 113–118, 1944.

One of the two cases of chromoblastomycosis hitherto observed in Algeria was caused by *Hormodendrum algeriensis* and the other by *Phialophora verrucosa*, the latter being the first record for Northern Africa.

286. Argüelles Casals (D.). **Cromoblastomicosis en Cuba.** [Chromoblastomycosis in Cuba.]—*Med. lat., 1943*, March–April, p. 19, 1943. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 826, 1943.]

The majority of the cases diagnosed as blastomycosis in Cuba from 1914 to 1941 are thought to have been actually referable to chromoblastomycosis (hormodendrosis) [*Hormodendrum pedrosoi*], the only fungus which has been found associated with the disease since the latter date.

287. León (R.). **Cromoblastomicosis en Cuba.** [Chromoblastomycosis in Cuba.]—*Villaclara méd., 1943*, March–April, p. 228, 1943. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, pp. 826–827, 1943.]

In 15 out of the 16 cases of chromoblastomycosis treated by the author in Santa Clara, Cuba, the causal organism [*Hormodendrum pedrosoi*] was isolated in pure culture. Up to 1940, 110 cases of this disease had been reported, 42 of them from Cuba.

288. Medeiros (O.). **Brasil.**—*An. Soc. Med. Cirurg., 1942*, p. 1, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 827, 1943.]

Another case of chromoblastomycosis [*Hormodendrum pedrosoi*] is reported from the State of Rio Grande do Norte, Brazil.

289. O'Daly (J. A.). **La cromoblastomicosis en Venezuela.**—*Rev. Sanid. Asist. soc., Caracas*, viii, 4, pp. 655–679, 8 pl., 1943. [*T.D.B.*, xli, 606.]

Chromoblastomycosis was first recorded in Venezuela in 1937. The author gives a general account of the condition with notes on five cases, including a man of 50 years with lesions in the right foot from which *Fonsecaea* [*Hormodendrum*] *pedrosoi* was isolated. The disease usually originated at the site of some small injury such as a prick. Iodide in large doses for a long time may do good, but surgical treatment is almost always necessary. The distribution of 110 cases recorded in the literature was as follows: S. America, 58; Central America, 34; N. America, 7; Europe, 3; Asia, 3; Oceania, 3; Africa, 2.

290. Moore (M.), Cooper (Z. K.), & Weiss (R. S.). **Chromomycosis (Chromoblastomycosis): report of two cases.**—*J. Amer. med. Ass.*, cxxii, 18, pp. 1237–1242, 8 figs., 1943. [*T.D.B.*, xli, p. 68.]

Phialophora verrucosa was isolated on Czapek's agar and other standard media from chromomycotic lesions on the left wrist of a 30-year-old male, and its cultural and morphological characters are described. In the second case under observation at the Barnard Hospital, St. Louis, a 38-year-old man, it was found impossible to isolate the fungus from the carcinoma on the helix of the ear, but it resembled the other strains of *Phialophora* recognized as agents of chromomycosis. The two patients were both resident in Missouri. The present report brings the total number of cases in the continental United States to nine, in five of which *P. verrucosa* was identified as the causal organism.

291. Baker (E. E.), Mrak (E. M.), & Smith (C. E.). **The morphology, taxonomy, and distribution of Coccidioides immitis Rixford and Gilchrist 1896.**—*Farlowia*, i, 2, pp. 199–229, 1944.

The gross and microscopic morphology of 15 strains of *Coccidioides immitis* at Stanford University School of Medicine, California, were studied, the former in monospore culture on potato dextrose, Sabouraud's and synthetic agars, and the latter both in animal tissues and culture. Cultures of single strains on a given medium were quite constant, but considerable variations were observed in the gross morphology of the same strains on the three substrata. The microscopic characters of the strains were closely similar in animal tissues, and the differences between them in culture were not of taxonomic significance. Discussions of the life-cycle and taxonomy of the fungus are given, with a revised diagnosis. The genus (represented by the single species, *C. immitis*) is relegated to the Phycomycetes, possibly near the Protomycetaceae. Endemic areas of the pathogen are known to exist in California, Arizona, and Texas within the United States, and the Chaco region of Argentina, and a similar focus is suspected in Italy (Naples). The bibliography comprises 111 titles.

292. McDougall (T. G.) & Kleiman (A. H.). **Prostatitis due to Coccidioides immitis.**—*J. Urol.*, xlix, 3, pp. 472–477, 2 figs., 1943.

A case of prostatitis due to *Coccidioides immitis* is described from Illinois and the literature on coccidioidal granuloma briefly reviewed.

293. Bush (J. D.). **Coccidioidomycosis.**—*J. med. Ass. Ala.*, xiii, 5, pp. 159–166, 1943.

Following a review of previous literature on coccidioidomycosis (*Coccidioides immitis*), a preliminary report is given of a case in a female medical technician at Tuscaloosa, Alabama, who contracted infection during preparation of mounts of the fungus.

294. Quill (L. M.) & Burch (J. C.). **Surgical manifestations of coccidioidomycosis.**—*Ann. Surg.*, cxx, 4, pp. 670–679, 5 figs., 1 map, 1944. [*T.D.B.*, xlii, p. 225.]

Clinical details are given of four fatal cases of disseminated coccidioidomycosis (*Coccidioides immitis*), all in young soldiers in Texas military hospitals, amplified by a brief review of the relevant literature.

295. Marcuse (P.) & Karotkin (L.). **Review of coccidioidal granuloma in Texas: report of a case.**—*Texas St. J. Med.*, xxxix, 10, pp. 534–547, 4 figs., 1944.

The clinical and post-mortem observations in a case of coccidioidal granuloma (*Coccidioides immitis*) with widespread systemic dissemination in a 23-year-old male negro patient at the Jefferson Davis Hospital, Houston, Texas, are summarized. This is only the twelfth authenticated case of the disease in Texas.

296. Lindsay (H. C. L.). **Acute coccidioidomycosis (valley or desert fever).**—*Urol. cutan. Rev.*, xlvii, 12, pp. 692–694, 1943.

Three cases of acute coccidioidomycosis [*Coccidioides immitis*] in male patients at Pasadena, California, are briefly described and the relevant laboratory data presented.

297. Colburn (J. R.). **Roentgenological type of pulmonary lesions in primary coccidioidomycosis.**—*Amer. J. Roentgenol.*, li, 1, pp. 1–8, 5 figs., 1944.

Roentgenological evidence in 75 cases of primary coccidioidomycosis [*Coccidioides immitis*] in soldiers of the United States Army is classified with a view to the establishment of diagnostic criteria. Common types of pulmonary lesions are described and their possible pathogenesis suggested. The importance of hilar shadow changes and of observations during resolution is stressed.

298. McKenney (F. D.), Traum (J.), & Bonestell (Aileen E.). **Acute coccidioidomycosis in a Mountain Gorilla (Gorilla beringeri) with anatomical notes.**—*J. Amer. vet. med. Ass.*, civ, pp. 136–140, 6 figs., 1944. [*V.B.*, xiv, p. 267.]

Clinical and post-mortem observations are recorded in a case of coccidioidal granuloma (*Coccidioides immitis*) in an approximately 15-year-old mountain gorilla (*Gorilla beringeri*) at the San Diego (California) Zoological Gardens.

299. Michael (P.), McLaughlin (R. F.), & Cenac (P. L.). **Coccidioidomycosis; report of unsuccessful treatment with penicillin.**—*Nav. med. Bull., Wash.*, xliii, 1, pp. 122–124, 1944. [*T.D.B.*, xlii, p. 66.]

A case of coccidioidomycosis (*Coccidioides immitis*) in a 47-year-old machinist in the United States Navy was treated with 3,081,000 Florey units of penicillin without any mitigation of the clinical symptoms of the disease or inhibition of growth of the fungus in the cerebrospinal fluid. The patient had lived for seven years in the San Joaquin Valley of California prior to enlistment.

300. Goldstein (D. M.) & McDonald (J. B.). **Primary pulmonary coccidioidomycosis: follow-up of 75 cases, with 10 more cases from a new endemic area.**—*J. Amer. med. Ass.*, cxxiv, 9, pp. 557–561, 4 figs., 1944. [*B.H.*, xix, p. 770.]

All except six of the 75 patients reported by Goldstein and Louie [entry

207] to be suffering from primary pulmonary coccidioidomycosis (*Coccidioides immitis*) following a visit to Antelope Plains, California, returned to full military duty in three to five months, the remainder being transferred to non-combatant employment in eight months. Ten more cases were reported from a new endemic area near the California-Arizona border, of whom four showed morbilliform skin manifestations: all are expected to return to full duty after a maximum period of three months. The application of sulphonamide chemotherapy in various phases of the disease proved to be valueless, but an almost immediate improvement followed the treatment of two acutely ill patients with high precipitin-titre convalescent blood.

301. De Almeida (F.) & Lacaz (C. da S.). **Estudos sôbre a 'blastomicose brasileira'.** [Studies on 'Brazilian blastomycosis'.]—*An. paul. Med. Cirurg.*, xlv, 6, pp. 433–434, 1943.

A discussion of Brazilian blastomycosis [*Paracoccidioides brasiliensis*].

302. De Campos (E. C.). **Rio Grande do Sul, Brasil.**—*Arq. Dep. Est. Saúde*, iii, p. 77, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 826, 1943.]

The first two cases of paracoccidioidal granuloma [*Paracoccidioides brasiliensis*] observed in the State of Rio Grande do Sul, Brazil, are described. Promising results with sulphapyridine therapy are reported.

303. Ribeiro (D. O.), Lacaz (C. da S.), & Elejalde (G.).—*An. paul. Med. Cirurg.*, [xliv], September, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 826, 1943.]

Paracoccidioides brasiliensis was isolated from the bucco-pharyngeal cavity, a rare site of infection by the fungus in Brazil.

304. De Almeida (F.) & Lacaz (C. da S.). **Considerações em torno de um cogumelo isolado de um caso de blastomicose.** [Considerations on a fungus isolated from a case of blastomycosis.]—*Folia clin. biol., S. Paulo*, xiv, 1, pp. 25–32, 1942. [*B.A.*, xviii, No. 1261, 1944.]

The cultural and histopathological characters of *Paracoccidioides brasiliensis* and *P. cerebriformis* are described, with 11 bibliographical references.

305. Peryassù (D.). **Sulfamidoterapia de blastomicose brasiliera.** [Sulphonamide therapy of Brazilian blastomycosis.]—*An. brasil. Derm. Sif.*, xvii, 4, p. 261, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 828, 1943.]

The potentialities of sulphonamide therapy of Brazilian blastomycosis [*Paracoccidioides brasiliensis*] are discussed in relation to the magnitude of the dosage required, frequency of administration, and the like.

306. Feder (J. M.) & Tribble (Evelyn). **Histoplasmosis of Darling. A brief review of available literature.**—*Sth. Med. Surg.*, cvi, 1, pp. 20–21, 1944.

From the extensive literature on histoplasmosis (*Histoplasma capsulatum*) the writers have selected a few important aspects concerned with the etiology, history, symptoms, and therapy of the disease, which, though still rare, is widely distributed throughout the world and assuming progressively greater prevalence.

307. Van Pernis (P. A.), Benson (Miriam E.), & Holinger (P. H.). **Laryngeal and systemic histoplasmosis (Darling).**—*Ann. intern. Med.*, xviii, 3, pp. 384–393, 3 figs., 1943. [Abs. in *R.A.M.*, xxii, p. 307; *T.D.B.*, xli, p. 70.]

The clinical course and post-mortem observations in a case of laryngeal and systemic histoplasmosis (*Histoplasma capsulatum*) in a 63-year-old Latvian male are fully described.

308. Martin (W. P.) & Silber (B.). **Histoplasmosis of Darling (reticulo-endothelial cytomycosis). Case report.**—*Amer. J. clin. Path.*, xiv, 2, pp. 119–124, 3 figs., 1944. [*T.D.B.*, xli, p. 868.]

Full particulars are given of the clinical course and post-mortem examination of a case of histoplasmosis (*Histoplasma capsulatum*) in a 39-year-old female patient at the Los Angeles (California) County General Hospital. At least 32 cases of the disease have been reported since its recognition by Darling in 1906, 22 in the last two years, the present being the second from California. The distribution of histoplasmosis is fairly widespread, covering 12 States of the American Union, the Panama Canal Zone, the Philippines, Honduras, Argentina, Java, and Brazil.

309. Moore (M.) & Jorstad (L. H.). **Histoplasmosis and its importance to otorhinolaryngologists. A review with report of a new case.**—*Ann. Otol., etc., St. Louis*, lii, 4, pp. 779–815, 12 figs., 1943. [*T.D.B.*, xli, p. 691.]

In connexion with a report of a case of histoplasmosis (*Histoplasma capsulatum* and *H. pyriforme*) in a 67-year-old male patient at the Barnard Free Skin and Cancer Hospital, St. Louis, Missouri, the authors review the history, etiology, epidemiology and geographical distribution (including, besides the countries enumerated in the preceding note, Austria, France, South Africa, and possibly Mexico), pathology, clinical manifestations, and symptomatology, diagnosis and differential diagnosis, and prognosis and treatment of the disease, with a concluding tabulated section on cases with ear, nose, and throat involvement.

310. Schlumberger (H. G.) & Service (A. C.). **A case of histoplasmosis in an infant with autopsy.**—*Amer. J. med. Sci.*, ccvii, 2, pp. 230–239, 7 figs., 1944. [*T.D.B.*, xli, p. 606.]

Histoplasma capsulatum was isolated on Sabouraud's agar from the spleen and tibial marrow of a seven-weeks-old male infant at Philadelphia, believed to be the youngest recorded case of the disease.

311. Colvin (S. H.), Gore (I.), & Peters (L.). **A case of histoplasmosis (Darling) with autopsy.**—*Amer. J. med. Sci.*, ccvii, 3, pp. 378–385, 4 figs., 1944.

Full details are given of the clinical course and post-mortem examination in a case of histoplasmosis [*Histoplasma capsulatum*] simulating a diffuse form of tuberculous pneumonia in a 23-year-old coloured male from Alabama. The granulomatous foci were occupied by the encapsulated 'asteroid forms' originally described by Wolbach (*J. med. Res.*, xxiv, p. 243, 1911).

312. Kemper (J. W.) & Bloom (H. J.). **Histoplasmosis, report of a case.**—*J. oral Surg.*, ii, p. 167, 1944. [*T.D.B.*, xli, p. 964; *B.A.*, xviii, No. 16818.]

This is the report of a fatal case of histoplasmosis, death from cardiac failure ensuing 10 months after the onset of the symptoms. Microscopic post-mortem studies revealed *Histoplasma capsulatum* in the adventitia of the smaller blood vessels, in the cortex of the brain, in ulcerous tissue at the base of the epiglottis, and in phagocytes in various parts.

313. Baliña (P. L.), Herrera (J. A.), Bosq (P.), & Negroni (P.). **Tercer caso argentino de histoplasmosis. Beneficio de la sulfamidoterapia.** [Third Argentine case of histoplasmosis. Benefit of sulphonamide therapy.]—*Rev. argent. Dermatosif.*, xxvii, 3, pp. 453–454, 1 fig., 1943. [*T.D.B.*, xli, p. 421.]

Promising results were secured in the treatment of a nasal ulcer due to *Histoplasma capsulatum* in a 49-year-old resident of Buenos Aires (the third record for Argentina) by the oral administration of sulphanilamide (96 gm. in all) and sulphathiazole (220 gm.) and local applications of the same product.

314. Alonso (J. M.) & Cancela Freijo (J.). **Histoplasmosis de Darling. Primera observación efectuada en el Uruguay. Curación clínica luego de tratamiento con sulfadiazina (nota preliminar).** [Histoplasmosis of Darling. First observation made in Uruguay. Clinical cure by means of sulphadiazine treatment (preliminary note).]—*Arch. urug. Med.*, xxiv, 3, pp. 193–210, 5 figs., 1944. [English summary.]

Particulars are given of a case of histoplasmosis, the first to be recognized in Uruguay, in a 59-year-old dealer in livestock. The examination of material from a pharyngeal ulcer left no doubt as to the diagnosis of infection by *Histoplasma capsulatum*, but up to the time of writing the fungus had not been isolated in pure culture. An apparently complete cure was effected by means of sulphadiazine (6 gm. daily for three weeks and thereafter at just over half this dosage).

315. Beamer (P. R.), Smith (E. B.), & Barnett (H. L.). **Histoplasmosis. Report of a case in an infant and experimental observations.**—*J. Pediat.*, xxiv, 3, pp. 270–280, 1 map, 1944.

A case of generalized histoplasmosis (*Histoplasma capsulatum*) in a male infant at the St. Louis (Missouri) Children's Hospital is reported, together with the post-mortem observations and mycological and experimental studies. The fungus was found to be resistant to drying and low temperatures (5° to 8° C.) but it succumbed to 20 minutes' heating in milk at 62° to 63°. The feeding of normal and vitamin C deficient guinea-pigs with heavy doses of the organism failed to induce infection.

316. Thuringer (J. M.). **Histoplasmosis: report of its occurrence in a Dog.**—*Arch. Path.*, xxxvii, 2, pp. 140–142, 1 fig., 1944.

A second case of canine histoplasmosis (*Histoplasma capsulatum*) (in a four-year-old foxhound at Oklahoma City, U.S.A.) points to the potential role of the dog as the natural host and vector of the disease to man.

317. Emmons (C. W.). **Allescheria boydii and Monosporium apiospermum.**—*Mycologia*, xxxvi, 2, pp. 188–193, 1 fig., 1944. [*R.A.M.*, xxiii, p. 341.]

In studies in Maryland a strain of *Monosporium* [*Scedosporium*] *apiospermum*, after six years in culture, began to produce ascocarps of *Allescheria boydii*, both fungous states associates of mycetoma of the foot. Cultures from 150 single ascospores and 179 single conidia gave rise to colonies identical in appearance and in the production of conidia and ascospores, both of which are described.

318. Fienberg (R.). **Madura foot in a native American.**—*Amer. J. clin. Path.*, xiv, 4, pp. 239–246, 5 figs., 1944.

Scedosporium apiospermum [*Allescheria boydii*] was found to be the etiological agent in a case of Madura foot in a 24-year-old officer in the United States Army, this being the sixth record of the fungus in association with mycetoma in North America. The patient had never travelled beyond the limits of the continental United States, and infection was presumably contracted on visits to Georgia or Florida.

319. Symmers (D.) & Sporer (A.). **Maduromycosis of the hand, with special reference to heretofore undescribed foreign body granulomas formed around disintegrated chlamydospores.**—*Arch. Path.*, xxxvii, 5, pp. 309–318, 6 figs., 1944. [*T.D.B.*, xli, p. 1059.]

Full clinical details are given of a case of maduromycosis of the hand in a 67-year-old male patient at the Goldwater Memorial Hospital, New York,

this being apparently only the ninth authenticated record of the disease in the United States. In a discussion of the etiology of maduromycosis the difference between this condition and actinomycosis is emphasized, particularly from the histological standpoint, the granuloma associated with the former being produced round degenerate chlamydospores, while in the latter ray fungi form the nucleus of the mycetoma. The causative fungus was not cultured or identified [but the brief account given suggests it may have been a species of *Madurella*].

320. Gottlieb (A.). **Madura foot or mycetoma. Report of two cases.**—*West. J. Surg.*, lii, 6, pp. 264–265, 2 figs., 1944.

Clinical details are given of two cases of suspected Madura foot, both in Mexican farmers at Los Angeles, California.

321. Felsenfeld (O.). **Yeast-like fungi in the intestinal tract of chronically institutionalized patients.**—*Amer. J. med. Sci.*, ccvii, 1, pp. 60–63, 1944.

In connexion with the problem of enteric infection control in State institutions, the writer analysed for their *Monilia* [*Candida*], *Cryptococcus*, and *Geotrichum* contents the stool specimens of (1) 300 new admissions, (2) 600 chronic ward patients, (3) 100 typhoid carriers, (4) 103 cases of 'food upset', (5) 47 of acute bacillary dysentery, and (6) 51 of the same complaint after ten days of sulphathiazole treatment at the Chicago State Hospital. The incidence of *Candida*, including *C. albicans*, *C. parapsilosis*, and *C. krusei*, *Cryptococcus*, and *Geotrichum* in the six groups was 26·3, 24·0, and 23·0; 45·1, 39·2, and 29·1; 43, 35, and 26; 45·6, 34·9, and 56·3; 55·3, 34·9, and 33·1; and 14, 12, and 6 per cent., respectively. It will be noted that *Geotrichum* was very prevalent in the 'food upset' group, that *Candida* spp. were largely in evidence in cases of bacillary dysentery, and that the sulphathiazole treatment materially reduced the mycotic carriers, especially *Geotrichum*, among patients suffering from the latter disturbance.

322. Drake (C. H.). **The occurrence of natural antibodies against certain yeast-like fungi.**—*J. Bact.*, xlvi, 5, pp. 486–487, 1943.

The presence of antibodies, probably natural, against certain yeast-like fungi was demonstrated by means of slide agglutination at the University of Kansas for 94 per cent. of the human and 84 per cent. of the rabbit sera tested. *Candida albicans* was agglutinated by 88 per cent. of the human and 70 per cent. of the rabbit sera, the corresponding figures for *C. krusei*, *Saccharomyces cerevisiae*, and *Torulopsis pulcherrima* being 21 and 66, 56 and 70, and 62 and 68 per cent., respectively.

323. Angulo (J. J.). **Efectos de las radiaciones ultravioletas sobre la Monilia albicans.** [Effect of ultraviolet rays on *Monilia albicans*.]—*Inf. med., Habana*, vii, 1, pp. 1–7, 1943. [*B.A.*, xviii, No. 6921.]

Irradiation of cultures of *Monilia* [*Candida*] *albicans* with ultraviolet rays at a distance of 30 cm. for 1 minute from a germicidal lamp resulted in the death of more than 90 per cent. of the fungi.

324. Finocchiaro (M.). **A radioterapia associada ao iodo na micose pulmonar.** [Radiotherapy combined with iodine in pulmonary mycosis.]—*An. paul. Med. Cirurg.*, xlvi, 1, pp. 29–32, 4 figs., 1943. [*B.A.*, xviii, No. 13976.]

A combination of iodine injections with radiotherapy was found to facilitate and expedite recovery from pulmonary mycoses caused by *Candida* spp. and other moulds in São Paulo, Brazil.

325. Chaves (E.). **Sôbre um caso de micose pulmonar.** [On a case of pulmonary mycosis.]—*Med.-Cirurg.-Pharm., 1943*, 87, pp. 315–317, 2 figs., 1943.

Particulars are given of a case of pulmonary mycosis associated with a species of *Candida* in a 52-year-old woman resident at Recife, Brazil, who was successfully treated by means of potassium iodide.

326. MacGregor (Agnes R.) & Henderson (J. L.). **Intestinal thrush. A report of two cases in young infants.**—*Arch. Dis. Childh.*, xviii, 96, pp. 186–187, 1 fig., 1943.

Clinical details are given of two fatal cases of intestinal thrush (*Monilia* [*Candida*] *albicans*) in female infants in Edinburgh hospitals.

327. Mathias (D.). **Soor des Pausens bei einem Kalbe.** [Thrush of the rumen in a Calf.]—*Tierärtzl. Rundsch., 1941*, pp. 477–478, 1941. [Abs. in *Zbl. Bakt.*, Abt. 1 (Ref.), cxlii, p. 441, 1943.]

The hyphae of a fungus, 4 to 5 μ in diameter, with terminal and intercalary globular swellings, were present in the horny papillae of the rumen of a calf suffering from digestive disturbances. The agent of thrush (*Endomyces*) [*Candida albicans*] is believed to have been responsible for the trouble.

328. Artagaveytia-Allende (R.). **Las Monilias. Contribución al estudio de la microbiología bucal.** [The Moniliae. A contribution to the study of buccal microbiology.]—*Arch. urug. Med.*, xxv, 2, pp. 148–165, 2 figs., 1944. [English summary.]

Following a summary of the history of thrush in the light of previous studies, the author discusses and tabulates the results of his investigations on the occurrence of the disease among 50 schoolchildren between four and 15 years old in Montevideo. The incidence of infection by *Candida albicans* amounted to roughly 20 per cent., the fungus being harboured by seven subjects whose mouths were in a sound or fair condition.

329. Anderson (Nina A.), Sage (Dorothy N.), & Spaulding (E. H.). **Oral moniliasis in newborn infants.**—*Arch. Dis. Childh.*, lxvii, 6, pp. 450–456, 1944. [*B.H.*, xix, p. 854; *B.A.*, xviii, No. 22179.]

Of 107 infants examined in connexion with a study of oral moniliasis at Temple University School of Medicine, Philadelphia, 20 (18·7 per cent.) harboured yeast forms culturally identified as *Monilia* [*Candida*] *albicans*, while a further 34 (outside the experimental group) developed clinical thrush, associated with the presence of the same fungus, on oral swabs, during the course of the investigation. Infection appeared earlier and with greater frequency in the infants of women suffering from vaginal moniliasis.

330. Parodi (S. E.), Belou (A. P.), & Blanco (M. C.). **Un caso insólito de blastomicosis laríngea primitiva causado por 'Candida albicans'.** [An unusual case of primary laryngeal blastomycosis caused by *Candida albicans*.]—*Rev. Asoc. med. argent.*, lviii, 533, pp. 276–279, 6 figs., 1944. [*B.H.*, xix, p. 855.]

Candida albicans was isolated from the laryngeal region of a 40-year-old male Italian suffering from dyspnoea and other respiratory and more generalized symptoms. The patient had worked for some years in textile factories in El Chaco and Santa Fe (Argentina), a fact regarded as having an etiological bearing on the illness. Intensive iodide therapy (oral and intravenous) proved beneficial.

[A paper of the same title as the foregoing and presumably dealing with the identical case appeared in *Día méd., B. Aires*, xvi, 14, pp. 316–318, 6 figs., 1944.]

331. De Almeida (F.) & Lacaz (C. da S.). **Micoses broncopulmonares.** [Bronchopulmonary mycoses.]—*Comp. Melhor. São Paulo*, 98 pp., 34 figs., 1942. [*B.A.*, xviii, No. 1260.]

With a view to the assistance of physicians and laboratory workers in the differentiation of various types of bronchopulmonary mycoses, the authors have prepared a monograph comprising, *inter alia*, X-ray analyses of the syndromes; a discussion of the relationship of yeasts to other pathogenic occupants of the lungs; an explanation of the technique of the microscopic diagnosis of pulmonary mycoses; a list and classification of the various fungi concerned in the etiology of the diseases; and reports on the results of iodide and sulphonamide therapy.

332. Peterson (V. L.). **Fungus disease of the chest.**—*Radiology*, xliii, 1, pp. 14–20, 11 figs., 1944.

Some recent American contributions to the pulmonary mycoses are briefly discussed, with special reference to the function of radiology in their diagnosis, the diseases covered being coccidioidomycosis (*Coccidioides immitis*), actinomycosis, aspergillosis [*Aspergillus*], moniliasis (*Monilia* [*Candida*] *albicans*), torulosis [*Debaryomyces neoformans*], and blastomycosis.

333. Hollström (E.). **An investigation into a yeast-like fungus isolated from patients suffering from, or suspected of, pulmonary tuberculosis.**—*Acta med. scand., Suppl.* cxliv, 107 pp., 22 pl. (6 col.), 10 graphs, 1943. [*B.H.*, xix, p. 490.]

This fully documented monograph comprises an historical survey of the occurrence of yeast-like fungi in man, accompanied by critical comments on the relevant literature; clinical observations on five cases of actual or suspected pulmonary tuberculosis harbouring a yeast-like fungus; descriptions of the morphological, cultural, and biochemical characters of the pathogen (the utilization by which of glucose, maltose, and levulose would appear to relate it to *Monilia* [*Candida*] *pinoyi*); and a very full account of the symptoms induced in rabbits and guinea-pigs by inoculations with the fungus. Acid-fast rods were produced in glycerine-bouillon cultures of single fungus cells.

334. Pimentel Imbert (M. F.). **Broncomoniliasis. Reporte de un caso fatal.** [Bronchomoniliasis. Report of a fatal case.]—*Rev. Med. trop., Habana*, ix, 2, pp. 16–18, 1943. [*B.A.*, xviii, No. 1269; *T.D.B.*, xli, p. 232.]

The causal organism in a fatal case of bronchomoniliasis, the first to be reported in Cuba, was identified as *Monilia* [*Candida*] *albicans*.

335. Casiello (A.). **Micosis bronco-pulmonar. Diagnostico precoz. Curación.** [Bronchopulmonary mycosis. Early diagnosis. Cure.]—*Rev. méd. Rosario*, xxxiii, 7, p. 684, 1943. [*B.A.*, xviii, No. 3006.]

A case report.

336. Johnston (W. A.) & Heydemann (J.). **Clinical and pathological studies of pulmonary mycosis.**—*Radiology*, xliii, 1, pp. 1–13, 10 figs., 1944.

Eight cases of pulmonary mycosis (two associated with infection by *Monilia* [*Candida*] *krusei* and *M.* [*C.*] *pseudotropicalis*, respectively) are reported from Dubuque, Iowa, in connexion with a study of the problems attending the diagnosis of this condition and the classification of the organisms concerned in its etiology.

337. Jaffin (A. E.). **Broncho-pulmonary moniliasis. Case report with pathological study.**—*J. Mt Sinai Hosp., N.Y.*, x, 5, pp. 586–600, 14 figs., 1944.

A full account is given of the clinical course, post-mortem examination, and

microscopic observations in connexion with a case of broncho-pulmonary moniliasis, terminating in pulmonary fibrosis, in a 61-year-old female patient at the Mount Sinai Hospital, New York. *Monilia* [*Candida*] *albicans* was constantly present in the sputum.

338. Wylie (P. E. W.) & Deblase (J. A.). **Bronchopulmonary moniliasis.**—*J. Amer. med. Ass.*, cxxv, 7, pp. 463-465, 6 figs., 1944. [*B.H.*, xix, p. 855.]

The diagnosis of bronchopulmonary moniliasis in a 34-year-old soldier of the United States Army was established by laboratory staining methods, cultures, and animal inoculations, all of which resulted in the isolation of *Monilia* [*Candida*] *albicans*. The intravenous and oral administration of sodium iodide and potassium iodide, respectively, gave effective control.

339. Bechet (P. E.). **Cutaneous moniliasis.**—*N.Y. St. J. Med.*, xliii, 21, pp. 2065–2068, 1943.

Chronic monilial dermatoses (*Monilia* [*Candida*] *albicans*) including erosio interdigitalis, intertriginous moniliasis, generalized cutaneous moniliasis, perlèche, monilial onychia and paronychia, and moniliids, are regarded as deserving of the most serious consideration. The risk of the spread of infection to the internal organs, though well known to dermatologists, has not been sufficiently emphasized by them for the benefit of the general practitioner. In the author's opinion, the therapy of this group of dermatoses is the outstanding problem of medical mycology. Various methods of treatment are briefly discussed.

340. Sutphin (A.), Albright (F.), & McCune (D. J.). **Five cases (three in siblings) of idiopathic hypoparathyroidism associated with moniliasis.**—*J. clin. Endocrin.*, iii, 12, pp. 625–634, 2 figs., 1943.

Five cases of idiopathic hypoparathyroidism associated with moniliasis (*Monilia* [*Candida*] including *M.* [*C.*] *albicans*) at the Massachusetts General Hospital are fully reported and discussed. The three patients in whom the disease took a fatal course were the children of first cousins, suggesting (together with other relevant data) a possible connexion between susceptibility to the pathological conditions in question and some defect in the germ plasm. Attention is further called to the account by N. B. Talbot *et al.* (*J. clin. Invest.*, xxii, p. 583, 1943) of two cases (siblings), in both of whom moniliasis was associated with Addison's disease, while one also suffered from hypoparathyroidism.

341. Gregory (J. E.), Golden (A.), & Haymaker (W.). **Mucormycosis of the central nervous system. A report of three cases.**—*Bull. Johns Hopkins Hosp.*, lxxiii, 6, pp. 405–415, 11 figs., 1943.

A species of *Mucor*, possibly *M. corymbifer*, was suggested by C. W. Emmons, of the United States Public Health Service, as a likely agent in three cases (two coloured women and one white man) of mycosis of the meninges and brain, entering by way of the orbit, but in the absence of living cultures closer identification was impracticable. All three patients were suffering from diabetes, the etiological significance of which in relation to fungal infections is briefly discussed. Only one previous instance of the implication of Mucorineae in a disturbance of the central nervous system is on record.

342. Leite (S.). **Micetomas.** [Mycetomata.]—*Clin., Hig. Hidrol.*, ix, 10, pp. 269–276, 1943.

This is a general survey of the history, geographical distribution, symptomatology, etiology, histopathology, diagnosis, prophylaxis, and therapy of the mycetomata, which are defined as 'mycotic, inflammatory tumours, producing

grains of variable colour and dimensions and consisting of a mycelial agglomeration, liable to extrusion in the shape of more or less extensive fistulas.'

343. Lôbo (J.). **Micetomas podais em Pernambuco.** [Mycetomata of the foot in Pernambuco.]—*An. Fac. Med. Recife*, viii–ix, 8–9, pp. 5–14, 10 figs., 1943. [*B.A.*, xviii, No. 13981.]

Cephalosporium recifei and *Acremoniella lutzii* were isolated from four cases of mycetoma of the foot in Pernambuco, Brazil.

344. Iriarte (D. R.). **El carate en Venezuela.** [Pinta in Venezuela.]—*Rev. Med. trop., Habana*, viii, 6, pp. 75–81, 1942; ix, 1, pp. 1–7, 12 figs. (1 map), 1943. [*T.D.B.*, xli, p. 66.]

The second chapter of this excellent account of 'pinta' deals with the etiology of the disease. From 1898 to 1927 it was attributed to infection by various moulds, including *Aspergillus nidulans*, *Fusarium sanguineum*, *Cephalosporium curtipes*, and *Penicillium cyaneum*, but from the latter date onwards *Spirochaeta herrejoni* has been recognized as the primary agent and the fungi as mere concomitants.

345. Catanei (A.). **Sur les modifications morphologiques des champignons pathogènes.** [On the morphological modifications of pathogenic fungi.]—*Arch. Inst. Pasteur Algér.*, xxi, 3, pp. 180–185, 1943.

Particulars are given of the morphological changes taking place in cultures of *Ctenomyces* [*Trichophyton*] *mentagrophytes*, *Achorion schoenleini*, *Microsporum canis*, and *Nocardia* [*Actinomyces*] *madurae*, and of the corresponding modifications in the pathogenic activities of the same organisms.

346. Seale (W. H.), Flinn (C. B.), & Britt (E. C.). **Rhinosporidiosis.**—*Arch. Otolaryngol.*, xl, 3, pp. 203–205, 2 figs., 1944.

In connexion with a case of rhinosporidiosis (*Rhinosporidium seeberi*) in a 22-year-old negro soldier in the Army of the United States, the history, geographical distribution, and clinical course of the disease are briefly reviewed.

347. León y Blanco (F.) & Abalo (M. A.). **Rinosporidiosis: presentación del primer caso cubano. Revisión de la literatura.** [Rhinosporidiosis: presentation of the first Cuban case. Review of the literature.]—*Rev. Leprol., &c.*, i, 4, pp. 213–229, 1 pl., 4 figs., 1944.

The literature on rhinosporidiosis (*Rhinosporidium seeberi*) is reviewed (bibliography of 80 titles) and a brief account given of the first case of the disease to be recorded in Cuba, in a ten-year-old girl.

348. Dowding (Eleanor S.). **The spores of dermatophytes.**—*Canad. J. Res.*, Sect. E, xxii, 4, pp. 67–77, 1 pl., 2 figs., 1944.

Eight well-authenticated species of dermatophytes are stated to be present in Canada: viz., *Microsporum lanosum* (common in Manitoba, Montreal, and the Pacific Coast), *Trichophyton gypseum* (causing 70 per cent. of all ringworm infection in Alberta, 8 per cent. in Winnipeg, and not recorded from Vancouver), *M. audouini* (causing over one-quarter of ringworm cases in Montreal, also found in 25 cases in Manitoba twelve years ago, now scarcer), and occasional records of *T. crateriforme*, *T. violaceum*, *T.* [*Achorion*] *schoenleini*, *T. rubrum*, and *Epidermophyton floccosum*. On the basis of macroconidial morphology (agreed to be the most valuable taxonomic criterion), it is proposed that *M. fulvum* (not known in Canada) be re-established as a species, and that an Alberta strain of *Trichophyton*, previously described by Dowding and Orr (*Brit. J. Derm. Syph.*, xlix, pp. 298–307, 1937), be accorded specific rank as *T. otae* n. sp. Spores of *T. gypseum* develop readily on fertile hens'

eggs, oidia on the living chorio-allantoic membrane, and macro- and micro-conidia on the same tissue after death.

349. Catanei (A.). **Étude morphologique de souches d'Achorion schoenleini isoleés dans une localité d'Algérie.** [A morphological study of strains of *Achorion schoenleini* isolated in a locality of Algeria.]—*Arch. Inst. Pasteur Algér.*, xxi, 1, pp. 7–11, 1943.

Details are given of a cultural study of 51 strains of *Achorion schoenleini* isolated from the hair of schoolchildren at Tlemcen, Algeria, the variations observed among which do not call for any modifications in the framework of the species. The number of children suffering from ringworm was 44 out of 527, 18 harbouring *A. schoenleini*, 22 *Trichophyton violaceum*, 2 *T. glabrum*, and 2 mixed infections by *A. schoenleini* and *T. violaceum*.

350. Schopfer (W. H.) & Blumer (S.). **Zur Wirkstoffphysiologie von Trichophyton album Sab.** [On the growth substance physiology of *Trichophyton album* Sab.]—*Ber. schweiz. bot. Ges.*, liii, pp. 409–465, 8 graphs, 1943.

The increased rapidity and volume of growth of *Trichophyton album* in synthetic cultures enriched with concentrated liver extract and peptones was experimentally ascertained to be due to the presence in these nutrients of growth substances, notably biotin.

351. Cornbleet (T.), Schorr (H. C.), & Popper (H.). **The mosaic fungus: a cholesterol intercellular artefact.**—*Arch. Derm. Syph., Chicago*, xlviii, 3, pp. 282–287, 5 figs., 1943. [*B.A.*, xviii, No. 8856.]

The writers' observations and experiments, involving among other methods the application of fluorescence microscopy lent no support to the view that the so-called 'mosaic fungus' is a true fungus, all the evidence at their disposal indicating that it represents accumulations of cholesterol in an anomalous process of keratinization in sites occupied by an excess of the lipid.

352. Goodman (H.). **Fluorescence in dermatology.**—*Urol. cutan. Rev.*, xlviii, 3, pp. 119–122, 1944.

The clinical observations on dermatological conditions made in the author's New York practice with the aid of fluorescence, mostly by means of Corex filters and the mercury vapour arc in quartz apparatus, include brief descriptions of the application of this method to various forms of ringworm (*Microsporum*).

353. Davidson (A. M.) & Birt (A. R.). **Recurring vesicular eruptions of the hands.**—*Canad. med. Ass. J.*, xlix, 2, pp. 97–101, 1 graph, 1943. [French summary.]

The various types of recurrent vesicular eruptions of the hands are discussed and a classification proposed recognizing four groups, viz., exogenous substances, bacteria, fungi, and constitutional. The part played by fungi in the causation of these disorders is a highly controversial subject, and it is suggested that the varying incidence of 'dermatophytids' recorded may depend to some extent on the interpretation placed on the so-called 'mosaic fungus'.

354. Stokes (J. H.), Lee (W. E.), & Johnson (H. M.). **Contact, contact-infective and infective-allergic dermatitis of the hands, with special reference to rubber glove dermatitis.**—*J. Amer. med. Ass.*, cxxiii, 4, pp. 195–202, 1943.

This paper embodies the substance of a lecture to Army surgeons on various forms of dermatitis of the hands (and feet) and their therapy, accompanied by tabular analytic summaries.

355. Peck (S. M.). **Fungus allergy and industrial dermatitis.**—*J. Ind. med. Ass.*, xxxvii, 6, pp. 304–306, 1944.

The most prevalent type of secondary allergic manifestations ('trichophytids') affecting industrial workers in the United States is the vesicular eruption on the hands following 'athlete's foot' (*Trichophyton mentagrophytes*). In this lecture, delivered at the Second Annual Industrial Health Conference of the Indiana State Medical Association, on 20th April, 1944, the aspects of the problem under discussion included the trichophytin test, diagnostic criteria, and the varieties of trichophytids likely to be encountered.

356. Peck (S. M.), Botvinick (I.), & Schwartz (L.). **Dermatophytosis in industry.**—*Arch. Derm. Syph., Chicago*, l, 3, pp. 170–178, 1944.

A group of 2,123 workers (1,393 men and 730 women) in industrial plants in five States of the American Union was examined for fungous infections of the hands and feet, and of these persons 27·79 per cent. reacted positively, 33·63 per cent. doubtfully, and 35·57 per cent. negatively on a clinical basis alone: as a result of cultural studies some individuals from the doubtful class were transferred to the positive. In cases of examination of personnel of the same plant at different seasons, the number of clinically negative workers rose from between 13 and 19 per cent. in the summer to 54 in the winter. *Trichophyton gypseum* came first in order of frequency as an agent of dermatophytosis, followed by *T. purpureum*, *Epidermophyton inguinale* [*E. floccosum*] being present in one case only. The dermatomycoses and their allergic manifestations did not constitute an important source of loss of time in these investigations.

357. Downing (J. G.). **Dermatophytosis and occupational dermatitis.**—*J. Amer. med. Ass.*, cxxv, 3, pp. 196–200, 1944.

This is a critical survey of recent contributions to the mycology of industrial dermatitis in the United States, arranged under the headings of classification, fungi as secondary invaders, sensitization, legal aspects, differential diagnosis, and treatment.

358. Bingham (C. T.) & Macke (R. L.). **Dermatologic practice in the South Pacific. A review of 1,500 cases.**—*Nav. med. Bull., Wash.*, xliii, 1, pp. 17–24, 1944.

Of 1,500 patients examined for skin disorders at an evacuation centre hospital in the South Pacific Zone during the 13-month period ending 24th September, 1943, 388 (25·9 per cent.) were suffering from fungal infections classified as follows: dermatophytosis of the feet (including dermatophytids of the hands and body) 273, tinea cruris 68, tinea circinata 34, and tinea versicolor 13. Owing to the impracticability of the necessary therapeutic measures of rest and cleanliness under battle conditions, especially in the tropics, persons unduly allergic to these types of infection should be rejected from military service.

359. Catanei (A.). **Sur quelques champignons saprophytes isolés au cours de la recherche de mycoses superficielles.** [On some saprophytic fungi isolated in the course of studies on superficial mycoses.]—*Arch. Inst. Pasteur Algér.*, xxii, 2, pp. 119–120, 1944.

Associated with isolations of [unspecified] agents of ringworm in Algeria were *Monascus purpureus*, *Actinomyces alboflavus*, and *A. albosporeus*, while *Cephalosporium acremonium* occurred in conjunction with *Achorion schoenleini*, *Acremoniella olivaespora* with pityriasis versicolor [*Malassezia furfur*], and *Actinomyces aureus* with *Trichophyton discoides* (on a calf).

360. Morris (G. E.). **Favus in Massachusetts. A report of two cases.**—*New Engl. J. Med.*, ccxxx, 22, pp. 667–669, 2 figs., 1944. [*B.H.*, xix, p. 855.]

Achorion schoenleini was found to be responsible for two cases of favus in Massachusetts, both in girls, one 17 and the other 18 years old. Therapy was effected by means of daily applications of a 10 per cent. thymol solution, alternated after the third month with 11 per cent. chrysarobin in chloroform, and supplemented by manual epilation of the hairs from the affected parts of the scalp under a Wood's filter.

361. Benedek (T.) & Felsher (I. M.). **Epidemiology of tinea capitis. I. A study of tinea capitis in a dispensary.**—*Arch. Derm. Syph., Chicago*, xlix, 2, pp. 120–123, 1944. [*B.H.*, xix, p. 613.]

In the authors' study, covering the period from 1st May, 1940, to 31st August, 1942, on 140 cases of tinea capitis in a Chicago dispensary, ranging in age from six months to 17 years, 114 were caused by *Microsporum audouini*, 17 by *M. lanosum*, 2 each by an unidentified *M.* sp., *Trichophyton crateriforme*, and *Achorion schoenleini*, and 3 by *A. gypseum*. The disorder affected 35 white and 92 negro boys; the corresponding figures for girls being 6 and 17, respectively. In this connexion a review is given of recent statistics relating to the distribution and etiology of ringworm of the scalp.

362. Goodman (H.). **Communicable disease control measures stressing eradication of epidemic ringworm of the scalp of school children.**—*Urol. cutan. Rev.*, xlviii, 2, pp. 90–95, 1944.

Until recently there had been no recorded epidemics of ringworm of the scalp among young children in New York City during the present century, but at the time of writing a local outbreak was in progress in several school areas. In this connexion the available information is summarized on the infectious agents of this group of diseases, with special reference to *Microsporum audouini*, the historical background of the disorder, infection of the individual, the avoidance and prevention of infection, methods of treatment, reinfection and multiple infection, control measures among schoolchildren—mass examination and diagnosis, and consequences of failure to adopt control measures.

363. Benedek (T.). **Contribution to the epidemiology of tinea capitis.**—*Urol. cutan. Rev.*, xlvii, 7, pp. 416–432, 1 diag., 1943.

The problem of tinea capitis is approached from the angle of public health in the family and school, the author's recent studies being based on information obtained in (1) his dispensary, visited by unselected patients from all parts of the city of Chicago and suburbs, (2) the entire population (3,488) of one of the largest negro public schools. Following a brief introduction emphasizing the urgent need for epidemiological research in common ringworm, the subject is discussed under the following headings: present state of epidemiological research in common ringworm (1) abroad and (2) in the United States; epidemiology of tinea of the scalp in Chicago; present state of rules and regulations for the control of dermatomycoses as communicable diseases in the individual States of the United States; review of rules and regulations introduced in the fight against tinea capitis abroad; and suggestions for preventive measures and therapy for tinea capitis among schoolchildren. A bibliography of 63 titles is appended.

364. Lewis (G. M.) & Hopper (Mary E.). **Ringworm of the scalp. VI. Successful use of Roentgen rays to epilate local areas of infection.**—*Arch. Derm. Syph., Chicago*, xlix, 2, pp. 107–108, 1944.

A complete cure in 12 out of 14 cases of tinea capitis due to *Microsporum*

audouini (the increased incidence of which at the present time is stated to amount to a virtual epidemic in New York) was effected by the epilation of the hair with X-rays, the fluorescent area being previously outlined with an indelible pencil.

365. Lewis (G. M.), Silvers (S. H.), Cipollaro (A. C.), Muskatblit (E.), & Mitchell (H. H.). **Measures to prevent and control an epidemic of ringworm of the scalp.**—*N.Y. St. J. Med.*, xliv, 12, pp. 1327–1333, 1944. [*B.H.*, xx, p. 18.]

In connexion with a protracted epidemic of scalp ringworm (*Microsporum audouini*), involving several thousand children in New York City, prophylactic and curative measures are proposed and discussed.

366. **Epidemic of ringworm in New York City.**—*J. Amer. med. Ass.*, cxxv, 17, p. 1194, 1944.

This is an editorial note on the epidemic of tinea capitis (*Microsporum audouini*) which had been spreading for over a year in August, 1944, and involved thousands of children.

367. Carrión (A. L.) & Silva (M.). **Ringworm of the scalp in Puerto Rico.**—*P.R. J. publ. Hlth*, xix, 3, pp. 329–391, 1944. [*B.A.*, xviii, No. 16816.]

In 11 years the authors observed 35 cases of ringworm of the scalp in Puerto Rico, the usual clinical manifestations being present except that tinea favus did not occur. *Microsporum canis* was isolated in 18 cases, *M.* [*Achorion*] *gypseum* in 1, *Trichophyton tonsurans* in 15, and *T. mentagrophytes* in 1. The cultural characters of each are described. It is thought that *T. sabouraudi* and *T. flavum* may be identical with *T. tonsurans*. Spontaneous cat and guinea-pig infections indicate that these may constitute important sources of infection in man.

368. Hevia (H.). **Las tiñas del cuero cabelludo.** [Tineas of the scalp.]—*Rev. med. Chile*, lxxi, 5, pp. 474–476, 1943.

Information is presented concerning the clinical features, diagnosis, and therapy of three forms of tinea of the scalp, viz., tinea tonsurans (*Trichophyton* and *Microsporum* spp.), favus (*Achorion schoenleini*), of rare occurrence in Chile, and kerion celsi (*T.* spp.).

369. Smith (M.). **Ringworm of the scalp.**—*Mon. Bull. Minist. Hlth, Lond.*, iv, 10, pp. 168–170, 1944.

Ringworm of the scalp in England and Wales is caused by infection either with *Microsporum* (*M. audouini* in 90 per cent. of all cases) or *Trichophyton* of human or animal origin (kerion), the latter generally occurring among adults. Notes are given on the incidence of the disorder, which has fallen from 20,000 in London schoolchildren in 1901 to 103 in 1938, its diagnosis by fluorescence and microscopic examination, therapy by means of X-rays and the application of ammoniated mercury or Whitfield's ointment, and the prevention of spread.

370. Shanks (S. C.). **X-ray treatment of ringworm of the scalp.**—*Mon. Bull. Minist. Hlth, Lond.*, iii, 11, pp. 188–191, 1944. [*B.H.*, xx, p. 83.]

Full details are given of a modified form of the four-area technique of X-ray therapy for tinea tonsurans, first proposed by Schreus (*Brit. J. Derm. Syph.*, xlviii, p. 113, 1936) and used by the writer in nearly 1,000 cases at the Goldie Leigh Hospital since 1937.

371. De Castro (M.). **As tinhas no Brasil.** [Ringworms in Brazil.]—*Gaz. clín., S. Paulo, 1942*, June, p. 197, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 827, 1943.]

Of 437 cases of ringworm investigated by Rossetti at São Paulo, Brazil, 21, 57, and 18 per cent. occurred, respectively, in the age groups from infancy to five years, from 6 to 10, and from 10 to 15. A systematic campaign against the disease was initiated in 1942, the treatment consisting in local applications of gentian violet, supplemented if necessary by radiotherapy.

372. Subba Reddy (D. V.). **Incidence of skin disease in Vizagapatam (South India).**—*Indian J. vener. Dis. Derm.*, x, 1, pp. 1–8, 1944.

Tabulated data are presented on the incidence of skin diseases in Vizagapatam, South India. Ringworm occupies the third place in order of frequency among the 34 skin diseases analysed (11·7 per cent.), as against 20·88 (second highest) for Madras and 20·5 (first place) for Calcutta.

373. Rodhain (J.). **Quelques données au sujet des teignes au Mayumbe.** [Some data on the tineas of Mayumbe.]—*Ann. Soc. belge Méd. trop.*, xxiii, 1, pp. 63–66, 3 figs., 1943. [*T.D.B.*, xli, p. 605.]

In the forest region of Mayumbe, Belgian Congo, the author observed in children of 6 to 15 years an unusual type of favus in which the whole scalp area is covered by yellow crusts with much white, scaly matter, giving the appearance of a white helmet. All cases were proved microscopically and culturally to be due to *Achorion schoenleini*. The disease tends to resolve spontaneously at puberty.

An endothrix type of trichophytosis is attributed to (?) *Trichophyton soudanense*.

374. Gunche (F. F.) & Iapalucci (L.). **Consideraciones a propósito de un caso de favus.** [Considerations in connexion with a case of favus.]—*Sem. méd., B. Aires*, I, 2595, pp. 845–847, 4 figs., 1943.

Achorion schoenleini was isolated on Sabouraud's medium from the scalp of a 22-year-old girl at Buenos Aires, Argentina, who had been suffering from favus for the past six years.

375. Bigham (A.). **Some observations on skin diseases with the Army in India.**—*Brit. J. Derm. Syph.*, lvi, 9–10, pp. 199–202, 1944.

Trichophytosis and scabies are stated to be the two commonest skin diseases affecting the troops in eastern India, the three main varieties of the former being tinea interdigitalis, tinea cruris, and tinea circinata.

376. Kley (E. C.). **Skin diseases aboard a destroyer.**—*Nav. med. Bull., Wash.*, xlii, 2, pp. 407–408, 1944.

Athlete's foot and ringworm (trichophytosis and epidermophytosis) were the most important of the prevalent dermatological ailments treated in the course of 4,628 visits to destroyers of the United States Navy from July, 1942 to April, 1943. The former condition was encountered on 374 visits, representing 8·03 per cent. of the total, and the latter on 312 (6·73).

377. Albert (W. B.) & Zeigler (R. F.). **A simple, effective treatment for epidermophytosis.**—*Sth. med. J.*, xxxvii, 6, pp. 348–349, 1944. [*T.D.B.*, xli, p. 965.]

Very satisfactory results have been obtained in the treatment of various forms of ringworm, notably athlete's foot, in South Carolina with a solution consisting of 10 gm. salicylic acid and 33 c.c. each of acetone, 85 per cent. ethyl alcohol, and glycerol.

378. Davis (E. L.). **Mycotic ear infections at an advanced Allied base.**—*Med. J. Aust.*, xxx (ii), 22, pp. 437–438, 1943. [*T.D.B.*, xli, p. 508.]

Twenty-two cases of mycotic external otitis are reported, occurring in the months of June and July, 1943, among a force serving at a tropical station. The slender mycelium of a (?) *Trichophyton* was identified in 11 out of the 16 specimens submitted for examination.

379. Coca (A. F.). **The adjuvant effect of aerosol upon the germicidal action of cadmium chloride.**—*J. Lab. clin. Med.*, xxix, 7, pp. 689–691, 1944.

Having obtained excellent results in the treatment of athlete's foot by the addition to an alcoholic solution of cadmium chloride of aerosol OT (sodium dioctyl sulphosuccinate), the writer carried out tests at the Lederle Laboratories, Pearl River, New York, to determine the effect of a similar mixture on *Monilia* [*Candida*] *albicans*. It was found that, whereas cadmium chloride alone (0·5 and 0·25 per cent. in 20 per cent. alcohol) was incapable of sterilizing the fungal suspensions, which also withstood aerosol alone (0·025 per cent.) in the same solvent, these two concentrations of cadmium chloride inhibited the growth of *C. albicans* with the admixture of aerosol at 1/256 and 1/64 per cent., respectively.

380. Watts (G. W. T.). **Treatment and control of epidermophytosis and bromidrosis in a State school with cadmium chloride-aerosol solution.**—*J. Lab. clin. Med.*, xxix, 7, pp. 692–694, 1944.

Very satisfactory results were obtained at a State institution at Thiells, New York, in the treatment of epidermophytosis with a mixture of cadmium chloride and aerosol supplied by the Lederle Laboratories, Pearl River [see preceding entry]. A complete cure was effected in 70 cases of the intertriginous type and improvement secured in 14 of the hyperkeratotic.

381. Emmons (C. W.). **Misuse of the name 'Trichophyton rosaceum' for a saprophytic Fusarium.**—*J. Bact.*, xlvii, 1, pp. 107–108, 1944. [*R.A.M.*, xxiii, p. 299.]

The name *Trichophyton rosaceum* is often misapplied in laboratories engaged in testing fungicides to be used against dermatophytosis of the feet. For instance, out of 12 fungi received at the United States Public Health Service from various laboratories, labelled *T. rosaceum*, 10 belonged to *Fusarium*, one was *T. mentagrophytes*, and one a Basidiomycete.

382. Caro (M. R.). **Fungous infections of the foot.**—*J. Amer. med. Ass.*, cxxiv, 12, pp. 751–756, 4 figs., 1944.

Of recent years fungous infections of the foot have become endemic throughout the United States. Those discussed in the present article, chiefly from the clinical and therapeutic standpoints, are the superficial mycoses (including *Trichophyton gypseum* and *T. purpureum*), moniliasis (*Monilia* [*Candida*] *albicans*), and the deep mycoses, represented by mycetoma or Madura foot (*Actinomyces*, *Madurella*, etc.), sporotrichosis (*Sporotrichum schencki*), blastomycosis (*Blastomyces dermatitidis*), and chromoblastomycosis, associated with at least six species, of which *Phialophora verrucosa* predominates in the United States.

383. Reiss (F.). **Successful inoculations of animals with Trichophyton purpureum: observations on the course of the disease and immunologic and histologic features.**—*Arch. Derm. Syph., Chicago*, xlix, 4, pp. 242–248, 2 figs., 1944. [*B.A.*, xviii, No. 16820.]

Inoculation experiments at the Cornell (New York) University Medical College with 4 per cent. dextrose agar cultures of *Trichophyton purpureum* on rabbits resulted in progressively spreading infection closely simulating the

symptoms of this type of dermatomycosis in man. One animal inoculated simultaneously by cutaneous and intracutaneous methods showed traces of infection nine months after the final injection, but all rabbits treated in the former manner only recovered spontaneously in six to eight weeks. The observations made in connexion with these tests should serve as a basis for further therapeutic and immunological studies.

384. Dey (N. C.) & Ghosh (L. M.). **Studies of ringworm. Part I. Microsporum audouini infection in India.**—*Indian med. Gaz.*, lxxix, 2, pp. 51–55, 2 pl. (1 col., facing p. 50), 1 fig., 1944. [*B.H.*, xix, p. 613.]

A study of the epidemiology, etiology, symptomatology, prophylaxis, therapy, and mycology of ringworm (*Microsporum audouini*).

385. Levin (O. L.) & Behrman (H. T.). **The diagnosis and treatment of epidemic ringworm of the scalp.**—*J. Mt Sinai Hosp.*, x, 4, pp. 455–458, 5 figs., 1943.

In connexion with a serious epidemic of tinea tonsurans (*Microsporum audouini*) in New York, directions are given for the diagnosis of the disorder by the examination of the hair under the microscope and by means of Wood's light, trichophytin tests, and cultural studies, and for its therapy by X-ray epilation of the scalp.

386. Wilson (J. E.). **Treatment of ringworm of the scalp.**—*Med. Officer*, lxix, 25, p. 197, 1943. [*B.A.*, xviii, No. 13984.]

Scalp ringworm (*Microsporum audouini*), the diagnosis of which should be confirmed by fluorescence under Wood's lamp, has been successfully treated with a saturated aqueous solution of potassium permanganate (240 grains to 4 oz. warm water), applied daily for a fortnight, and followed by appropriate supplementary measures.

387. Silvers (S. H.). **Microsporon audouini infection of the eyelashes.**—*Arch. Derm. Syph., Chicago*, xlix, 6, p. 436, 1944.

Microsporum audouini was diagnosed by fluorescence under the Wood filter as the agent of ringworm of the eyelashes in an eight-year-old boy at Brooklyn, New York, and was subsequently obtained in pure culture at the Department of Health laboratory.

388. Shaw (F. W.) & Von Gutfeld (F. J.). **Longevity of fungi on carriers.**—*Virginia med. Mon.*, lxxi, 5, pp. 256–257, 1944.

Experiments at the Richmond (Virginia) Medical College to determine the viability of fungi adherent to cotton string and similar carriers showed that *Trichophyton gypseum*, *Microsporum audouini*, and *M. lanosum* are capable of survival under these conditions for minimum periods of 346, 276, and 235 days, respectively, a matter of considerable importance in connexion with the possibility of performing comparable fungicidal tests at distant places with identical fungus material.

389. Georgi (C. E.). **Inhibitory effect of monochlormercuricarvacrol on growth of pathogenic fungi.**—*Arch. Derm. Syph., Chicago*, xlviii, 5, pp. 497–510, 4 figs., 2 graphs, 1943. [*B.H.*, xix, p. 319.]

Fungistatic agents incorporated in hydrophilic bases were found to exhibit larger zones of inhibition than those incorporated in petrolatum bases. The zone of inhibition was reduced by the presence of blood serum. The seven fungi used in the tests, i.e., *Epidermophyton inguinale* [*E. floccosum*], *E.* [*Trichophyton*] *interdigitale*, *T. purpureum*, *T. rosaceum*, *T. gypseum*, *Monilia* [*Candida*] *albicans*, and *M. candida* [*C. vulgaris*], differed in their reaction to the fungistatic agents, the strongest resistance being offered by *T. rosaceum*,

while in the case of the yeasts the zones of inhibition were considerably smaller than those of the *Epidermophyton* and *Trichophyton* spp. Used in combination with benzoic and salicylic acids, monochlormercuricarvacrol exhibited marked fungistatic activity, while in a tincture it exerted a strongly fungicidal effect. Sulphathiazole exercised no comparable influence on fungal growth under the conditions of these experiments.

390. Bograd (N.). **Treatment of tinea with ethyl chloride.**—*Arch. Derm. Syph., Chicago*, xlviii, 5, p. 511, 1943.

Ethyl chloride is reported to have given uniformly satisfactory results in the therapy of lesions of the tinea type in the Army of the United States in the South Pacific.

391. Melo (N. L.) & Melo (V. F.). **Talioterapia.** [Thallium therapy.]—*Guatemala méd., 1942*, May–June, p. 15, 1942. [Abs. in *Bol. Ofic. sanit. pan-amer.*, xxii, 9, p. 828, 1943.]

The treatment of ringworm by thallium administration originated in Mexico, where the two most prevalent forms of the disorder are crateriform and acuminate trichophytosis [*Trichophyton crateriforme* and *T. acuminatum*]. This mode of therapy is widely practised in schools, orphanages, etc., at Vera Cruz, where 70 per cent. of the authors' cases were females, all under 15 years.

392. Strauss (S. D.). **Trichophyton foot infections. Empirical study of camphor-phenol treatment.**—*Milit. Surg.*, xci, 3, pp. 348–349, 1942.

A camphor-phenol mixture gave highly satisfactory results in the treatment of 40 cases of athlete's foot at an air field in western Florida, where 48 out of 153 men (31·5 per cent.) were found at a monthly inspection to be suffering from the disorder.

393. Gwynne Waldin (G.). **The 'phenol and camphor' treatment of ringworm of the glabrous skin. An interim report.**—*J.R. Army med. Cps*, lxxxi, 1, pp. 32–34, 1943.

As an Army Medical Officer, the author has reason to believe that ringworm of the glabrous skin (tinea cruris and tinea pedis) is prevalent in the Service. A rapid, reliable, and economical cure may be effected by means of a phenol and camphor lotion in equal parts.

394. Rayner (M.). **Fungous infection of the foot.**—*J. Amer. med. Ass.*, cxxiv, 12, pp. 751–756, 1944. [*B.A.*, xviii, No. 16819.]

In this review the author stresses the increasing significance and incidence of fungous infections of the foot due in part to the mobilization of men for war. Clinical features, diagnosis, and treatment of the various fungous infections are discussed.

395. Derzavis (J. L.) & Pappen (J. R.). **A campaign against 'athlete's foot'.**—*Nav. med. Bull., Wash.*, xliii, 3, pp. 600–602, 6 figs., 1944.

Between April and December, 1943, 13,341 visits were made to patients at the Naval Air Station, Corpus Christi, Texas, for the treatment of athlete's foot. Each visit represents a minimum time loss of one hour per man, in addition to the days spent in hospital for the more severe forms of the disorder. To prevent the development of this minor trouble into a major catastrophe, an educational programme was instituted, including the distribution of informative literature, cartoon posters, and short messages, etc., circulated in the Naval Air Training Centre's weekly news publication.

396. Keeney (E. L.), Santora (E. J.), & German (Gene). **The fungistatic and fungicidal effect of sodium propionate on common pathogens.**—*Bull. Johns Hopkins Hosp.*, lxxiii, 5, pp. 379–390, 5 figs., 1943.

The fungistatic and fungicidal activity of sodium propionate for a number of common pathogenic fungi was determined by the methods of Schamberg and Kolmer (*Arch. Derm. Syph., Chicago*, vi, p. 746, 1922) and Burlingame & Reddish (*J. Lab. clin. Med.*, xxiv, p. 765, 1939). Using the former technique, at P_H 5·5 the compound excited a fungistatic effect in a 1·25 per cent. solution on *Trichophyton purpureum*, *Epidermophyton inguinale* [*E. floccosum*], *Microsporum audouini*, *Candida albicans*, *Torula histolytica* [*Debaryomyces neoformans*], *Coccidioides immitis*, *Aspergillus flavus*, and *A. fumigatus*; at 0·125 per cent. on *Trichophyton gypseum*, *T. violaceum*, *E.* [*T.*] *rubrum*, *E.* [*T.*] *interdigitale*, *T.* [*Achorion*] *schoenleini*, and *M. lanosum*; at 0·0125 per cent. on *Blastomyces dermatitidis*; and at 2 per cent. on *Actinomyces bovis*. *Achorion schoenleini* and *M. lanosum* succumbed after three weeks' contact with a 0·125 per cent. solution of sodium propionate (P_H 5·5), while at 1·25 per cent. a fungicidal action was exercised on *T. gypseum*, *T. purpureum*, *T. violaceum*, *T. rubrum*, *E. floccosum*, *T. interdigitale*, *M. audouini*, *D. neoformans*, *B. dermatitidis*, *A. fumigatus*, and *A. flavus*; at 5 per cent. on *Candida albicans*; and at 10 per cent. on *Coccidioides immitis*. By the latter method, the compound operated fungicidally only on *Achorion schoenleini*, *T. rubrum*, *T. interdigitale*, *M. lanosum*, and *M. audouini* in 10 and 20 per cent. solutions at P_H 5·5, 6, and 6·5.

397. Keeney (E. L.) & Broyles (E. N.). **Sodium propionate in the treatment of superficial fungous infections.**—*Bull. Johns Hopkins Hosp.*, lxxiii, 6, pp. 479–487, 1943.

Sodium propionate prepared in an ointment, solution, or powder for local application appears to give effective control of athlete's foot (tinea pedis) due to *Trichophyton gypseum* and *T. purpureum*; tinea cruris (*Epidermophyton inguinale*) [*E. floccosum*]; tinea capitis (*Microsporum audouini*); tinea glabrosa (*M. audouini* and *T. purpureum*); oral thrush (*Candida albicans*); otomycosis (*Aspergillus fumigatus*, *A. flavus*, and *A. niger*); and black tongue caused by an Actinomycete.

398. Keeney (E. L.). **New drugs for the treatment of fungous infections.**—*Bull. Johns Hopkins Hosp.*, lxxiv, 4, pp. 266–268, 1944.

The author's observations on the fungistatic action of sodium propionate *in vitro* and in the treatment of superficial dermatomycosis, including athlete's foot (against which a 1 per cent. sodium undecylenate ointment was also used), were reviewed and formed the basis of a discussion at a meeting of the Johns Hopkins Medical Society held at Baltimore on 31st March, 1944.

399. Byrne (E. A. J.) & Croxon (J. H.). **Bactericidal and fungicidal action of organic mercurials with special reference to the dermatomycoses.**—*Indian med. Gaz.*, lxxix, 8, pp. 357–361, 1944.

Highly satisfactory results in the treatment of dermatomycoses (*Epidermophyton* spp., including *E. inguinale* [*E. floccosum*]) were obtained at an Indian general hospital by the application of phenylmercuric chloride and phenyl acetate ointments in high dilutions.

400. Tomb (J. W.). **The treatment of tinea (dhobie's itch).**—*J. trop. Med.* (*Hyg.*), xlvi, 1, p. 6, 1943. [*T.D.B.*, xli, p. 71.]

Satisfactory results in the treatment of a protracted case of tinea circinata, acquired in the tropics, were obtained by the application of 'zephiran' con-

centrate (Bayer) at a strength of 10 per cent. The preparation is described as 'an aqueous solution of a mixture of alkyldimethylbenzylammonium chlorides'.

401. Livingood (C. S.), Rogers (A. M.), & Fitz-Hugh (T.). **Dhobie mark dermatitis.**—*J. Amer. med. Ass.*, cxxiii, 1, pp. 23–26, 5 figs., 1943. [*T.D.B.*, xli, p. 230.]

Fifty-two cases of localized contact dermatitis occurred among the personnel of the 20th General (United States Army) Hospital, wearing clothes laundered by native 'dhobies', who affix to the garments a mark made with the brown or black juice of 'ral' or 'bella gutti' [*Shorea robusta*] nuts. This substance is believed to be the source of the trouble, and it is therefore urged that the use of the term 'dhobie itch' as a synonym for tinea cruris and epidermophytosis be discontinued. It is thought highly unlikely that cutaneous fungal infections are transmissible through such channels.

402. Shaw (C.). **Dermatitis due to shoes.**—*Arch. Derm. Syph., Chicago*, xlix, 3, pp. 191–193, 1944. [*B.A.*, xviii, No. 8856.]

Particulars are given of ten cases of dermatitis (representative of the 22 on which the report is based) due to sensitization by various substances used in the manufacture of shoes, with special reference to the differentiation of this condition from dermatophytosis of fungal origin.

403. Barrock (J. J.). **Epidermatomycosis of the feet and hands.**—*Urol. cutan. Rev.*, xlviii, 1, pp. 43–46, 1944.

The author's observations on epidermatomycosis (athlete's foot or tinea pedis), made in connexion with his practice at Milwaukee, Wisconsin, are summarized under the headings of symptoms, etiology, differential diagnosis, treatment, and prophylaxis. Fungi implicated in the condition (which tends to spread from the feet to the hands) include *Epidermophyton* [*Trichophyton*] *interdigitale*, *E.* [*T.*] *gypseum*, *T. purpureum*, *E. inguinale* [*E. floccosum*], and *Monilia* [*Candida*] *albicans*.

404. Crittenden (Phoebe J.), Westfield (N. J.), & Joiner (Luella S.). **Cotton hose as a vehicle for a fungicide in treatment of athlete's foot.**—*J. Lab. clin. Med.*, xxix, 6, pp. 606–608, 1944. [*B.H.*, xix, p. 856.]

Of 18 subjects with clinical athlete's foot at Westfield, New Jersey, who wore cotton hose impregnated with copper sulphate or copper acetate for periods of six weeks to ten months, six appeared to be cured, eleven were benefited, and in one the condition was aggravated. The acetate appeared to be preferable to the sulphate as a remedy for the ringworm.

405. Wallace (G. I.), Day (J. K.), & Moorman (H. E.). **Chlorophyll ointment in treatment of dermatophytosis of feet and similar lesions.**—*Arch. Derm. Syph., Chicago*, xlix, 2, pp. 128–131, 1944.

Chlorophyll ointment gave temporary relief in 13 out of 17 cases of dermatophytosis of the feet (*Trichophyton* sp.) among students at the University of Illinois, but did not appear to effect a permanent cure.

406. **New spray device for athlete's foot control.**—*Soap, N.Y.*, xx, 5, p. 115, 1 fig., 1944.

A new method of approach to the problem of athlete's foot control by means of footbaths, the usual types of which are open to various objections, has been adopted in an automatic mechanical device recently introduced by the Peda-Spray Company, Seattle, Washington, consisting of a round tank, equipped with three pumps, and topped by a circular grill. The capacity of

the dispenser is 3½ gals. solution, e.g., of thymol iodide, salicylic acid, eucalyptus, or menthol, sufficing for over 10,000 treatments.

407. Sartory (A.), Sartory (R.), & Kocher (F.). **Une dermatomycose fréquente des Veaux causée per une espèce du genre Trichophyton.** [A common dermatomycosis of Calves caused by a species of the genus *Trichophyton*.]—*C.R. Acad. Sci., Paris*, ccxvi, 16, pp. 578–579, 1943.

A species of *Trichophyton* morphologically and culturally similar to *T. acuminatum* has been found responsible for a ringworm of calves in the Mauriac (Cantal) district of France, the head being chiefly affected.

408. Costa (O. G.). **Esporotricose no Brasil.** [Sporotrichosis in Brazil.]—*Brasil. méd.*, lvii, 34–35, pp. 343–347, 1943. [*T.D.B.*, xli, p. 232.]

This is a survey, accompanied by a bibliography of 111 titles, of the literature relating to sporotrichosis in Brazil.

409. Bolaños (E. L.) & Trejos (W. A.). **Múltiples coincidencias en dos casos de esporotrichosis facial.** [Multiple coincidences in two cases of facial sporotrichosis.]—*Rev. méd. San José*, v, 105, pp. 369–372, 1943. [*B.A.*, xviii, No. 8855.]

One of the two cases of facial sporotrichosis described from Costa Rica responded favourably to the standard dose of potassium iodide, while the other, receiving daily doses of sulphathiazole and less than 1 gm. daily potassium iodide, did not improve until the amount of iodine was increased.

[An account of this work also appears in *Rev. Med. trop., Habana*, x, 3, p. 63, 1944; *B.A.*, xix, No. 1188.]

410. Noojin (R. O.) & Callaway (J. L.). **Effectiveness in vitro of sulfonamide compounds on Sporotrichum schencki: report of five cases of sporotrichosis in North Carolina.**—*Arch. Derm. Syph., Chicago*, xlix, 5, pp. 305–308, 1 fig., 1944. [*B.H.*, xix, p. 856.]

Clinical details are furnished in connexion with five cases of sporotrichosis originating in North Carolina and studied at the Duke Hospital, Durham, during the past ten years. In tests of the *in vitro* efficacy of nine sulphonamide compounds against the agent of the disease, *Sporotrichum schencki*, the best results were given by sulphanilamide and sodium sulphapyridine, both of which completely inhibited the growth of the fungus on Sabouraud's medium at a concentration of 1 per cent.

411. Moore (M.) & Manting (G.). **Sporotrichosis following a mosquito bite: description of lesions in a girl of Indian and French descent.**—*Arch. Derm. Syph., Chicago*, xlviii, 5, pp. 525–526, 1 fig., 1943. [*T.D.B.*, xli, p. 420.]

Sporotrichum schencki was isolated from an ulcerated lesion which developed on the left forearm of a nine-year-old girl of mixed Indian and French descent at St. Louis, Missouri, following a mosquito bite five months prior to the time of examination.

412. Jones (T. C.) & Maurer (F. C.). **A case of sporotrichosis in a Horse.**—*Bull. Army med. Dep., Wash.*, lxxiv, March, 1944. [Abs. in *J. Amer. vet. med. Ass.*, cv, 809, p. 94, 1944; *B.A.*, xviii, No. 13978.]

Sporotrichum schencki was isolated on maltose agar from subcutaneous abscesses involving the forearm, breast, and shoulders of a horse, which responded favourably to the oral administration of potassium iodide.

413. Piratininga (S. N.). **Esporotricose em Muar.** [Sporotrichosis in the Mule.] – *Rev. Fac. Med. vet. S. Paulo*, ii, 3, pp. 219–222, 2 pl., 1943. [English summary.]

Particulars are given of a case of generalized sporotrichosis in a mule caused by *Sporotrichum beurmanni* [*S. schencki*], representing the third record of the disease in domestic animals for Brazil and the second for São Paulo.

414. Bernhardt (E.). **A simplified method for staining fungi in skin and in nails.** *Arch. Derm. Syph., Chicago*, xlviii, 5, pp. 533–534, 1943. [*B.H.* xix, p. 318.]

A simplified and improved method of staining fungi, e.g. *Monilia* [*Candida*] *albicans*, *Trichophyton rubrum*, *Epidermophyton* [*T.*] *interdigitale*, and *Achorion schoenleini*, in macerated skin and nail preparations with cotton blue is fully described.

415. Kernohan (J. W.). **A new staining method to demonstrate pathogenic yeasts and fungi.**—*J. Neuropath.*, ii, 1, pp. 95–98, 2 col. figs., 1943.

Full directions are given for the staining of pathogenic yeasts and fungi, including *Debaryomyces neoformans*, *Coccidioides immitis*, *Blastomyces hominis*, and *Mucor* and *Candida* spp., with a combination of Best's carmine and Bodian activated silver.

416. Cornbleet (T.) & Meyer (Esther). **Sweat as a culture medium for fungi.** – *New Engl. J. Med.*, ccxxx, 20, pp. 604–607, 2 figs., 1944.

Studies were conducted at the University of Illinois College of Medicine on the growth of *Trichophyton purpureum*, *T. gypseum*, *Microsporum gypseum*, and *Hormodendrum* sp. on a substratum consisting of 6 c.c. sterile, filtered human sweat heated to 50° C. and 4 c.c. autoclaved 0·15 per cent. agar solution, with a parallel series of cultures on Sabouraud's medium for comparative purposes. Growth on the sweat medium was generally slow, except in the case of *M. gypseum*, and less abundant than on Sabouraud's. The nature of the factor in sweat providing support for fungal development has not yet been ascertained. No pleomorphism took place in the cultures during the three months of observation.

417. Peppler (H. J.). **Routine procedures for the isolation and identification of certain pathogenic fungi.**—*Amer. J. clin. Path.*, xiii, 11, pp. 123–127, 1943.

A routine method for the mycological examination of pathological specimens from various human sources is described. The primary isolation of *Monilia* [*Candida*] spp., *Coccidioides immitis*, *Trichophyton* spp., and *Actinomyces* spp., is effected on an acid liquid medium buffered at P_H 4, Brewer's thioglycollate medium, and honey, nutrient, or chocolate agars.

418. Swartz (J. H.). **Elements of medical mycology.** 179 pp., 79 figs., New York, Grune and Stratton, Inc., 1943. $4.50; London, William Heinemann (Medical Books) Ltd., 1943, 21*s*.

This treatise is intended as a guide for the medical student or practitioner. Its contents include chapters on the laboratory diagnosis of fungous infections (11 pp.), the various groups of human pathogens (111 pp.), common aerial contaminants (9 pp.), trichophytin and oidiomycin tests for immunity (3 pp.), and the therapeutic action of sulphanilamide and its derivatives (2 pp.). Valuable clinical and mycological information is presented in the form of a chart and a glossary is provided.

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Notwithstanding war-time difficulties, it was felt that the new data

accumulated since the publication of the first edition of this book in 1939 warranted the issue of a second, and in this connexion attention is drawn to the importance of fungous disease as a disabling factor among the armed forces. Part I is concerned with the clinical, theoretical, and experimental aspects of the subject, and Part II with laboratory methods.

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Chapter IV of this treatise for students of veterinary medicine is devoted to the pathogenic fungi.

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